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MANAGEMENT
OF
INFANTS AND CHILDREN.

Printed by WALKER and GREIG,
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HINTS
FOR THE
TREATMENT
OF THE
PRINCIPAL DISEASES
OF
INFANCY AND CHILDHOOD,
ADAPTED TO
THE USE OF PARENTS.

BY
JAMES HAMILTON, M. D.

— c —
PROFESSOR OF MIDWIFERY IN THE UNIVERSITY, AND FELLOW
OF THE ROYAL COLLEGE OF PHYSICIANS
OF EDINBURGH.

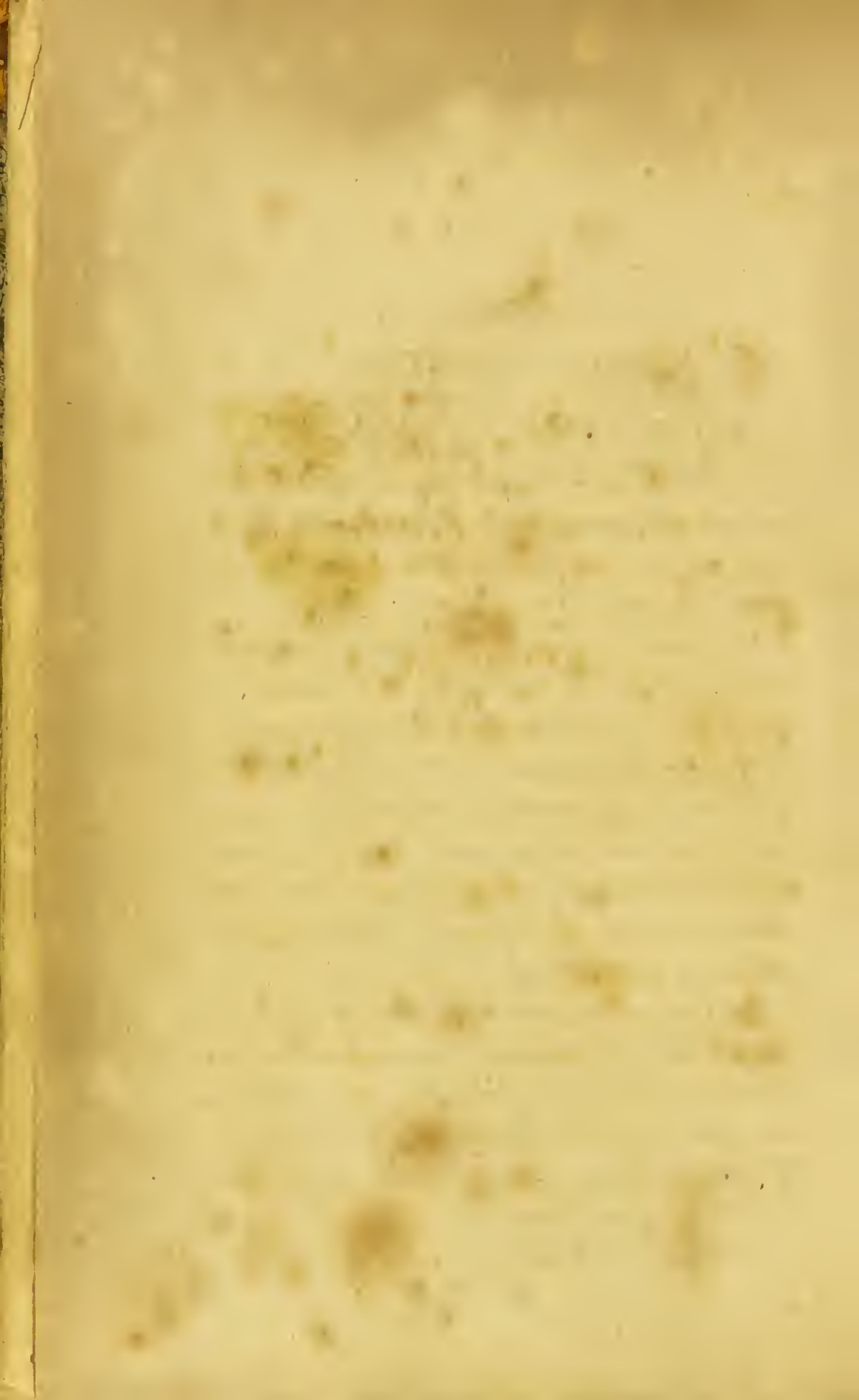
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1809.

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TO
CHARLES STUART, M. D.

PRESIDENT OF THE ROYAL COLLEGE OF
PHYSICIANS OF EDINBURGH, &c.

THESE PAGES ARE OFFERED
AS A
TRIBUTE OF RESPECT FOR HIS TALENTS
AS A PHYSICIAN, AND FOR HIS
VIRTUES AS A MAN,
AND OF GRATITUDE FOR THE MANY MARKS
OF DISINTERESTED FRIENDSHIP
WITH WHICH
HE HAS HONOURED
THE AUTHOR.



P R E F A C E.

AS the Author has not voluntarily obtruded on the Public the following pages, he does not deem it necessary to enter into any formal discussion on the propriety of addressing directions for the cure or alleviation of diseases, to general readers.

His father, the late Dr Alexander Hamilton, published, in the year 1780, "A Treatise of Midwifery, comprehending the Management of Female Complaints, and the Treatment of Children in early Infancy, for the use of female and other practitioners, and of private families;" and requested his son to superintend the several editions of the work, which might be called for after his day.

In the performance of this duty last year, his son found it necessary to new-model and to extend every part of the book; and, while he did this, he endeavoured both to retain the popular language of the original, and to give a scientific form to the whole, as he wished it to serve as a text-book for those parts of his

public lectures which relate to the diseases of women and children.

After a considerable part of the work thus altered had been printed off, it was suggested to him, that a separate publication of the Hints for the Treatment of the Principal Diseases of Infancy and Childhood, might be an acceptable present to many parents.

In these sketches, the author ventures to hope, that the descriptions of the several diseases are so accurate, as to enable the uninitiated to distinguish them readily, and that the practical directions are so definite, as to prevent the remedy adapted to one disorder from being applied to another. The scientific reader will find the practical precepts different, in many respects, from established doctrines. They are the result of the attention which the author has bestowed, for above twenty years, on those complaints; and he trusts, with confidence, that the experience of every practitioner who adopts them, will confirm their utility.

*Edinburgh, 23. St Andrew's Square,
November 27. 1809.*

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MANAGEMENT OF INFANTS AND CHILDREN.

CHAPTER I.

MANAGEMENT OF INFANTS.

THE infant, when in the womb, surrounded by a fluid which defends it from external accidents, and supplies it with an equable degree of heat, nourished by a somewhat which its own organs do not prepare, and furnished with the vivifying principle of air, by a beautiful and wonderful machinery, may be said to vegetate only.

But when separated from the mother by the process of delivery, it undergoes a great and important revolution. The supply of heat, and protection from injury, must depend on the attention of others; nourishment must be prepared by the digestion of food received into its own stomach; and the benefits of air can be obtained by the operation of breathing only.

Did not experience prove, that nature has most bountifully provided for these changes, an examination of the structure of the infant would lead to the supposition, that it is ill calculated to sustain so wonderful a revolution.

Thus its bones are soft, spongy, and imperfect. Those which are afterwards single are generally divided into several portions; and almost all of them have their extremities or edges in the state of gristle.

The different parts cannot therefore be well supported nor steadily moved, while the organs lodged within the cavities cannot be properly defended.

The fleshy fibres are soft and tender, and the cellular substance which connects them, is of a lax texture, and in large proportion, so that the several limbs have not that accuracy of shape which takes place at a subsequent period of life.

All the vessels are extremely numerous, and their actions are very frequently repeated, which accounts for the pulse of infants being twice as quick as that of grown persons, and for all the secretions and excretions being performed rapidly and abundantly.

The nerves too are not only in large proportion, but extremely susceptible of excitement, so that many circumstances, as degrees of heat and cold, which do not affect grown persons,

occasion pain and serious derangements in the system of infants.

The skin is of the most delicate texture; it is influenced by the most trifling external impressions, and it shews an immediate and an extensive sympathy with all the other parts. Hence, the slightest alternations of heat and cold produce an almost instantaneous effect upon, and often disturb rapidly the functions of the skin or bowels

All the fluids are mild and watery, and furnished in great quantity. The chyle is more nutritious, and the blood is less acrid than in grown persons. The slimy and gelatinous fluids are bland; and the bile and urine have very little acrimony.

The head is large in proportion to the body. As its bones are not indented into each other, but connected by membranous layers, the brain, which is very soft, may be readily compressed and injured.

The face has not the expression which it afterwards assumes. The eyes at first have no power of distinguishing objects. They, and their appendages, being remarkably delicate, suffer from the slightest accidents. The nose, from the state of its bones, is also much more exposed to injuries, and the sensibility of its nerves renders it highly irritable; but the bad effects which would often be the consequence

of this structure, are probably counteracted by the mucus with which its inside is constantly lubricated. The ears for some time, like the eyes, do not appear to possess much power. The mouth is not usually supplied with teeth till some months after birth; for although formed, they remain under the gums till that time. The lower jaw-bone is divided by a portion of gristle into two pieces.

The trunk of the body is not so firm as to support properly the superincumbent parts, nor to defend the organs contained in it; for a great part of the spine is gristly, and the breast is entirely so. The ribs indeed are more perfect than many of the other bones; but they can easily be made to yield from the state of the breast; and the fleshy parts, &c. which surround the belly, being soft and delicate, cannot afford resistance to any circumstance that may injure the bowels.

The lungs, hitherto small, collapsed, and supplied with little blood, immediately after birth begin to perform the operation of breathing, and to receive the whole blood of the body; which functions continue during life. These organs are at first weak and irritable. The heart acts with considerable force and quickness.

The liver is of a remarkably large size in proportion to other parts, and is not so well

defended as afterwards. The gall-bladder is nearly in the same proportion. The stomach differs only in size, and in delicacy of structure; and the same may be said of the intestinal canal. But in the great guts, a substance different from what is observed in grown persons is lodged: it is a black, viscid, tenacious matter, called in medical language the *mecconium*. The kidneys are lobulated; and the renal glands are larger in proportion. The urinary bladder, and other organs in the bason, are differently placed, as that cavity is very imperfect, from the gristly state of the bones of which it is composed.

The extremities are weak, and the condition of the articulations, and quantity of gristle on the superior and inferior extremities, render them incapable of performing their proper functions for a considerable time.

The changes by which the size and strength of every part of the body are increased, and the perfection of the several organs is completed, proceed gradually, and are not fully accomplished till the period of puberty.

SECTION I.

Means to be used for the Recovery of Still-born or Weakly Infants.

THE laudable and active exertion of the HUMAN SOCIETY, by having been the means of restoring life on many occasions, where it was formerly thought impossible, have proved to the world, that apparent death happens more often than was hitherto believed.

The occasional recovery of still-born children under circumstances where experience alone could have encouraged such hopes, ought to teach practitioners the importance of employing, with patience and attention, the means conducive to this purpose.

Still-born children are found in three different states; for there is either no pulsation in the umbilical cord; or the pulsation is soft and distinct, and the infant has the natural appearance; or the pulsation is oppressed, the shape of the head is deranged, and the face of the infant is livid. The following means, suited to each of these states, are pursued in the Edinburgh General Lying-in Hospital.

I. When no pulsation is felt on the cord,*

* If there be marks of putrefaction, it is unnecessary to observe, no attempts should be made.

1. The infant is to be instantly separated from the mother, the cord being tied by a slip knot.

2. It is to be immersed in warm water, with its head placed uppermost.

3. The lungs are to be filled with air by means of a bag of elastic gum, or a common syringe, (the pipe of which is to be inserted into one nostril, while the other and the mouth are carefully closed), and are then, by gentle pressure on the breast, to be emptied. In this way the lungs are to be alternately distended and compressed for some time.

4. Should the action of the heart be now perceived, the same means are to be continued until the infant exhibit the usual marks of beginning respiration, when the artificial distension of the lungs is to be only occasionally repeated, and all pressure on the breast is to be avoided.

5. But if, notwithstanding these means, the pulsation in the heart be not restored, the infant should be taken out of the warm water, placed before the fire, carefully rubbed, and then wrapt in warm flannel.

6. A glyster, consisting of a table-spoonful of spirits, and two or three table-spoonsful of warm water, should then be exhibited, and the temples, nostrils, and teguments of the face round the mouth, should be gently touched

with a feather dipped in vitriolic æther, or spirits of hartshorn.

7. In the event of the failure of all these means, if the infant be apparently full, the effects of a small discharge of blood may be tried, by replacing it in the warm water, and removing the ligature from the cord.

II. When the pulsation in the cord is soft and distinct, and the infant has the natural appearance. 1. So long as the placenta remains attached to the uterus, the child ought not to be separated from the mother.

2. The body should be carefully wrapt in warm flannel, the nostrils and fauces should be touched with a feather dipt in vitriolic æther, a little spirits should be poured on the breast, and the buttocks and soles of the feet should be slapped with the palm of the hand.

3. If the after-birth become detached, (which is known by the lengthening of the cord), the child must be immediately separated, and the above (2.) means employed.

4. Should the process of breathing commence after these means have been used for a few minutes, nothing else is to be done than keeping the infant warm, with its face freely exposed to the air.

5. But should this event not take place, the lungs are to be distended, &c. as in the former case.

III. When the pulsation in the cord is oppressed, the shape of the head is deranged, and the face of the infant is livid. 1. The infant is to be immediately separated from the mother, the cord being loosely tied with a single knot.

2. Blood is to be allowed to issue from the cord until breathing begin, or until the natural colour of the face be nearly restored; a table-spoonful or two is the quantity commonly required for this purpose.

3. Should the beginning process of breathing proceed slowly, very gentle means may be employed to restore the proper shape of the head, but otherwise the efforts of nature alone are to be relied on.

4. If no signs of breathing be perceived, the cord is to be tied, the infant placed in warm water, and the lungs are to be from time to time distended with air, by means of the bag with elastic gum, and the additional discharge of a small quantity of blood may be tried.

5. The use of every thing irritating must be carefully avoided.

Although alive when born, the infant, in some instances, lives only a short time. If the lips be pale, and the pulsation in the heart very feeble or slow, it may be suspected that this is owing to some cause which is not cognizable to the senses. On the supposition, that it proceeds from a deficiency of vitality, stimulants

have been applied to the surface, as a little brandy, or spirits of hartshorn, rubbed on the ribs and back-bone, &c. and certainly such means have occasionally proved efficacious, though, in the majority of cases, they fail.

When the extremities are of a purple or blueish colour, and the breathing is impeded or unnatural, it is generally found that there is a defect in the heart or lungs, (more commonly the latter) which is beyond the power of any remedy. In one case of this kind, where the infant seemed uncommonly full and vigorous, several leeches were applied; but, although their bites discharged a good deal of blood, neither was the breathing relieved, nor the dark purple colour of the surface altered, so that death followed in a few hours.

SECTION II.

Original Imperfections.

CHILDREN are not always born in a state of perfection with respect to the structure of their bodies; for sometimes they have deficient, superfluous, or misplaced parts, natural passages closed, and marks on various parts. Many of these imperfections admit of no remedy; while others may be easily rectified. It would be inconsistent with the nature of this work to

describe minutely all the species of malconformation which occasionally occur; and therefore the following observations relate only to those most frequently met with.

There are sometimes blemishes about the mouth, which may prevent sucking. Of these, fissures in the lips always constitute the most remarkable deformity. These imperfections appear in many different forms; for sometimes the fissure exists only in one lip, generally the upper one, and is occasioned merely by a division of the parts. In other cases, there is a considerable loss of substance between the divided parts. In some instances there are two fissures in one lip, or both lips are affected; and in others the fissure is not confined to the lips, but extends along the roof of the mouth. All these different species of the same deformity receive the general name of *Hare-lip*.

The treatment of the hare-lip must be varied according to many circumstances, which can only be determined by an experienced surgeon. If the child can suck, the operation by which alone the blemish can be removed, should be deferred till he be several months old at least, as the parts will then be better adapted for retaining the pins by which the cure is accomplished. But when sucking is prevented, the operation may be tried, though it affords only a forlorn hope.

The *tongue* is naturally bound down to the lower part of the mouth, by a membranous cord, to prevent it from too great a degree of motion. Sometimes, however, the cord fixes it so much, that the infant cannot suck; in which case he is commonly said to be tongue-tied. Women very often imagine that their children have this defect when it does not really exist; and perhaps one instance of it does not occur in several hundreds of those who are born. The disease may be always readily discovered by putting a finger gently into the child's mouth; for if he be able to grasp it as he would do the nipple in sucking, or if the tip of the tongue appear disengaged, the membrane does not require being cut. The operation of cutting the tongue, though very simple, may prove fatal, if the surgeon be inattentive; for so great a quantity of blood may be lost as to destroy the infant.

When the tongue is not bound down sufficiently, the tip may be turned back, and close up the throat; an accident that must soon occasion death. It may be discovered by the threatening suffocation or convulsions, and by the introduction of the finger into the mouth. The melancholy consequences of this disease can only be prevented by pulling back the tongue, or exciting vomiting by tickling the throat. This, however, is a very rare accident.

If the infant cannot suck, although the tongue appear to be in a natural state, weakness of the lower jaw, thickness or swelling of the glands in the under part of the mouth, or some defect about the nurse's nipple, may be suspected.

The *natural passages* of children are sometimes shut up, and prevent the usual excretions. This is known by examining the cloths and parts affected. In some cases slime alone proves the obstacle; but in others, membranous substances close up the passages.

In every instance where any thing uncommon is observed, the child should be carefully examined by a skilful surgeon, that the proper means for affording relief may not be too long delayed. In some rare cases, it unfortunately happens that no assistance can be given. It is however generally proper to try the effect of an operation.

Deformities in the lower extremities, styled *club-feet*, sometimes occur. As they are not only great blemishes, but also productive of much inconvenience at a future period of life, every parent is interested in their removal.

The gristly state of the bones of the foot renders a cure in most cases practicable, when the proper means are begun immediately after birth; but if the deformity be not attended to till the infant be some months old, it will be difficult and precarious. Practitioners should

therefore carefully examine every part of newborn children, that they may not, by any neglect, render their future lives uncomfortable.

The method by which this disease can be removed is very simple. It is merely the application of proper means to reduce the foot, in the most gradual manner, to its natural situation. These should not be continued only till this is effected, but ought to be kept applied constantly for several weeks after, in order that the deformity may be completely removed. In the most favourable cases, the cure cannot be completed within less than several months, and it often requires even a much longer time. Mr Sheldrake of London has acquired very deservedly high reputation from his treatment of such cases, of which the author of this work, with great satisfaction, bears testimony.

Tumours about the *belly*, consisting of portions of the intestines forced out of their natural situation, are in some cases curable, but in others they baffle all human art.

Tumours about the *back-bone* are always dangerous. If they be soft, transparent, and evidently situated upon the back-bone, they must inevitably prove fatal, as no method of treatment hitherto contrived has been found in the smallest degree serviceable. It must be at the same time admitted, that the progress to fatal event, has, in some instances, been so extremely

slow, that the child has attained the thirteenth year notwithstanding this complaint. Fortunately, however, it terminates generally within some months after birth; for where it is protracted, the individual is in a miserable state, being paralytic in his lower limbs, &c. An experienced practitioner can commonly foretel the period at which the disease is to terminate.

Flesh marks, when above the surface of the skin, can always be in a great measure removed without the assistance of the knife; and even when they are on the level of the skin, their ugliness may be often greatly diminished by early attention on the part of the practitioner.

Ruptures in different parts, especially at the navel, are very common complaints among infants; but are fortunately not attended with so much danger as similar disorders in grown people. In such cases, bandages are in general inadmissible, from the difficulty with which they are retained, and the delicacy of the parts on which they must necessarily press. Where the disease is confined to the navel, however, a broad piece of flannel, in the form of a roller, together with a piece of adhesive plaster applied over the part, by affording a safe and firm support, proves extremely useful. In proportion as the child acquires strength, these troublesome complaints disappear. Nothing is more

conducive to this than the continued use of the cold bath, as already recommended. Great attention ought constantly to be paid to the state of the belly of those who are subject to ruptures, as costiveness always aggravates the disease.

SECTION III.

Injuries in consequence of Birth, or of Mismangement soon after it.

WHEN the infant has been detained a long time in the passage, the several parts subjected to pressure are liable to be injured.

The most common of these injuries are swellings on the *head*, or alteration of the shape of that organ. First born children are generally affected with some degree of swelling on the crown of the head. This, however, usually disappears in a few days, and requires no other treatment than the ordinary means employed by the nurse, viz. rubbing very gently a small quantity of weak spirits on it. But when the tumour continues for two or three weeks, cloths dipped in lime-water should be applied to it, which will at least prevent officious attendants from using more hazardous remedies. On some occasions, these swellings contain a fluid, which it has been proposed should be evacuated, otherwise

the bones of the head may be injured. But these cases, if they ever occur, must be trusted to the care of a surgeon.

Although the shape of the head be much altered, in consequence of long-continued pressure during the passage of the child, it will soon recover the natural form, without any assistance. The practice among nurses, therefore, of endeavouring to give the head a proper shape, by squeezing and pressing it with the hands, &c. is unnecessary, and ought never to be allowed, on account of the dangers which may be the consequence.

Scratches on the head, like the marks caused by a whip-cord, frequently occur after tedious or difficult labours; but they require no particular attention, as they soon disappear.

In some cases, where the child has come down in an unusual direction, the *face* is much affected; for the eyes are inflamed, the nose flattened, the lips swelled, the features distorted, and the colour of the countenance livid. These frightful appearances usually go off in a few days, when no violence has been done by improper interference during the delivery.

Other parts of the child than those already mentioned are likewise liable to swelling and discoloration from the same causes; but as they seldom prove troublesome, no other management is necessary than allowing the umbi-

lical cord to bleed a spoonful or two before it be tied.

The *limbs* of the infant are in some cases *fractured* or *dislocated* by the rashness and awkwardness of the practitioner. These accidents, on some rare occasions, unavoidably happen from the situation of the child; but are most frequently to be attributed to ill directed attempts to accomplish the delivery.

From whatever cause these disagreeable occurrences originate, they should never be concealed from the attendants, but on the contrary the proper means to remedy them should be immediately adopted. Many children have been rendered lame for life, from the practitioner by whom they were brought into the world having allowed a dislocated or fractured limb to pass unobserved, in order to conceal his own blunder.

Management of the Navel.—The common method of treating the navel is so universally understood, that it requires no particular description in this work. The portion of cord which is left next the child, drops off within five or six days after birth, and leaves a tenderness that is generally entirely removed in two or three weeks, by the ordinary means which nurses employ. A split raisin applied every morning underneath the singed rag, accelerates greatly this process.

But sometimes, whatever precautions be used, a rawness round the edges, or degree of ulceration, remains, and proves very difficult of cure. This arises, in some cases, from a small excrescence not much larger than a garden pea, sprouting up from the root of the cord, and, in other instances, from an erysipelatous inflammation. As the most unfortunate consequences have often been occasioned by neglect in such cases, and as a great variety of treatment is necessary under different circumstances, a practitioner should always be consulted.

From the delicate structure of the skin of infants, *excoriations* readily take place wherever one part of it is in constant contact with another, unless the most careful attention be paid to keep every part dry. The ears, neck, arm-pits, and groins, are chiefly liable to be affected in this manner.

When the excoriations are not allowed to continue for a considerable length of time, they seldom require any other treatment than being dusted, morning and evening, with prepared tutty, or calamine, or with common ashes, finely powdered.

But when a discharge of matter is the consequence of neglected excoriations, a cure can only be obtained by much care and attention;

for it is often very difficult to stop these runnings.

Some practitioners have objected to such attempts, on the false supposition, that the discharge is a salutary outlet for an overload of the system. These opinions, admirably well calculated to favour the carelessness of nurses, are founded on improper views of the operations of nature.

Many different remedies will be found beneficial in different cases; such as, washing the excoriations daily with brandy and water, lime water, a weak solution of sugar of lead, or of white vitriol, and dressing them with spermaceti ointment, or Turner's cerate, thinly spread on linen. The solution of white vitriol, described in the appendix under the title of Astringents for external use, is the best lotion for these excoriations. If any part of the skin which appears red or tender, be washed with it evening and morning, the progress towards excoriation will be certainly checked, on which account it should be kept ready for use in every nursery.

While these means are pursued, an open state of the bowels is to be promoted, by the occasional exhibition of any gentle laxative, as manna dissolved in water, &c.

There can be no doubt, that in general excoriations are the effects of inattention to clean-

liness; but sometimes in gross children no ordinary care can altogether prevent them.

Swelling of the breasts.—New born infants, of both sexes, are liable to an accumulation of a milky-like fluid in the breasts, which often produces painful swellings and inflammation. These are frequently relieved by the spontaneous discharge of the fluid.

The uneasy sensations occasioned by these swellings seldom continue above a few days, and generally are removed by bathing the parts with warm milk and water, or rubbing them very gently with warm olive oil, evening and morning. Emollient poultices are rarely necessary; but should be applied when the swelling and inflammation are considerable.

The unnatural but common practice of forcibly squeezing the delicate breasts of a new-born infant, by the rough hand of the nurse, is the most general cause of inflammations in these parts. The consequence of this practice is often suppuration and abscess; and hence, besides the hazard of disagreeable marks in the bosoms of girls, the future woman may be prevented from ever fulfilling the duties of nursing. Parents cannot therefore be too careful in watching against this unnatural and improper custom.

Sore eyes.—Infants a few days or weeks after birth, are subject to sore eyes, which not only

render them fretful and uneasy, but also sometimes, if neglected, induce disagreeable blemishes, or even almost total blindness.

This complaint is often occasioned by the imprudent exposure of the infant to large fires or much light; it is also frequently caused by cold. The mildest species of this disease appears under the form of an increased secretion from the eye-lids, glueing them as it were together.

The cure of this complaint consists in guarding against exposure to large fires or much light, and to cold, and in bathing the eyes, morning and evening, with a little warm milk and water, and twice or thrice through the day with a very weak solution of sugar of lead, or of the acitite of zinc.

But when the eyes, and their appendages, are so much swelled that the infant cannot open them, a violent inflammation having taken place succeeded by the constant discharge of matter, the eye may be completely destroyed if proper assistance be not had recourse to. The treatment, in such cases, must necessarily vary according to circumstances, as the application of a leech to the temple, of a blister behind the ear, and the use of a weak solution of opium in water, and brisk purgatives, are severally necessary. When children are affected with habitual weakness of the eyes, the cold

bath, and frequent exposure in the open air, afford the best means of relief.

SECTION IV.

Ordinary Management of Infants.

FROM the view which has been exhibited of the state of infants after birth, it is obvious that much attention must be paid to circumstances which in grown persons almost escape notice.

The great mortality of children that prevails among the poor in large cities, may perhaps be attributed chiefly to the neglect of this; and therefore it cannot be too minutely detailed, nor too implicitly followed.

The circumstances chiefly to be attended to in the ordinary management of infants, relate to cleanliness, clothing, food, purging, air and exercise, &c.

Cleanliness.—The first washing should be performed with very great gentleness and caution, by means of warm water, which is preferable to any of the washes often employed. Spirits are highly pernicious; and greasy substances can never be useful, and may perhaps prove hurtful. The neck, arm-pits, and groins, commonly require more attention than any other part, because there is often a thick tenacious slimy scurf on them; and rough rubbing, espe-

cially on the latter parts, might be very injurious. Long continued attempts to bring off every supposed impurity, however gentle, should never be allowed; for what remains will readily yield to the next washing.

The most scrupulous attention to cleanliness in other respects, not only after birth, but during the whole period of childhood, cannot be too strongly inculcated. For the first two or three weeks, the infant should be bathed, morning and evening, in tepid water, and afterwards in cold water. The whole body ought to be washed in the morning, and the lower half at night.

The advantages of the cold bath have been long almost universally understood in Great Britain; and in this part of it at least, children are very properly bathed in it every morning till two or three years of age. Speculative philosophers only have objected to a practice which is highly beneficial to health.

Every part should be kept quite dry; and all accidental impurities, as wet clothes, &c. must be removed as soon as discovered.

By a very little attention, infants may be taught to make water and to expel the excrements at stated times; and therefore, except in cases of disease, the clothes should never be wet nor dirty. A little timber pot may be employed

to receive the natural discharges from within a fortnight after birth.

Clothing.—The unnatural tight swathing in which infants were formerly incased, is now fortunately exploded; and long established custom has in this respect happily yielded to the suggestions of reason and experience. The stricture of bonds and rollers must not only be painful, but hazardous; for by these means the circulation is interrupted, and the growth in some parts is suddenly checked; while in others it is improperly directed.

Perhaps, however, theoretical reasoning might lead into an opposite error to what is now abolished; for the wish to allow the child all the ease possible, may make those precautions in the dress, which the experience of nurses teaches them, appear unnecessary or improper.

The disposition, therefore, which infants usually have to rub their eyes with their little hands, renders the simple contrivance of the women to prevent this circumstance essentially requisite, otherwise the eyes may be much injured. The cries of the child are very apt to occasion a protrusion of the intestines at the navel. This disagreeable accident may be often prevented by the application of a soft broad piece of thin flannel, in the form of a roller. It should never be made too tight, otherwise it may not only hurt the bowels, but

also perhaps induce ruptures at the lower part of the belly.

With these precautions, the clothing of infants should be light and simple, constructed in such a manner that it may be easily and readily applied. It ought to be suitably adapted to the climate and season, and should always be at first made to afford a considerable degree of warmth, that the change from the warm situation in which the child was formerly placed, to the comparatively cold one in which it is after birth, may not be so sensibly felt as to occasion pain. Tape should be used as much as possible, instead of pins; and the whole dress ought to be so loose, that the child may have free liberty to move and stretch its little limbs, as far as may be consistent with its welfare.

The linens, next the skin especially, should be often changed; and the infant ought never to have on the same dress for twenty-four hours continued. The night-clothes must not be equal in quantity to those which are worn during the day; otherwise the child will be continually disposed to be affected with colds, &c. An unnatural custom has been introduced by nurses, which ought to be guarded against by every parent who regards the future health of his offspring, the practice of confining the limbs of the child much more strictly by the

clothes during the night than in the day. By such means the purposes of rest are defeated, and sleep is even often interrupted.

The night-clothes ought therefore to be quite loose, and as much lighter than those which are put on during the day, as the difference of situation shall render necessary, so that the infant may be placed in nearly the same degree of heat at all times. For the same reason, when the child sleeps in his day-clothes, he should be very slightly covered.

Nutrition.—The experience of many ages, as well as the arguments which may be adduced from analogy, have proved, to the conviction of every candid inquirer, that MILK is the most natural and wholesome food for children in early infancy. The attempts which speculative philosophers have from time to time made, to substitute other kinds of food to that prepared by Nature for the purpose of nutrition, have only furnished many melancholy proofs of their errors, or shewn that the powers implanted in the human constitution sometimes overcome even the dangerous effects of inconsiderate prejudice.

The important advantages which result from nursing, both to the mother and child, have been so often explained, and are so generally understood, that they do not require any illustration on this occasion.

It has been improperly imagined, that all mothers ought to be nurses. By this opinion, many children have been destroyed, and a greater number have only lived to regret their existence; the weakness of their frames having made them strangers to the comforts of good health.

The luxuries which refinement has introduced in the manner of living, although they do not prevent every woman from being a mother, certainly render many very unfit for the office of a nurse. A delicate woman, necessarily involved in the dissipations of high life, and confined to a crowded city, cannot be supposed capable of furnishing milk in due quantity, or of a proper quality. Her child must either be almost starved, or the deficiencies of his mother's breast must be supplied by unnatural and hurtful food.

These are not the only disadvantages which arise from such ladies becoming nurses; for they themselves, as well as their children, suffer considerably. Obligated to submit to the regulations with respect to the hours appropriated to recruit the body by food or sleep, that fashion and long custom must have rendered habitual, while at the same time they attempt a task for which the delicacy of their frame ill adapts them, their health must be impaired.

When, therefore, ladies of this description wish to suckle their own infants, they ought to retire to the country, where, remote from the impure air of crowded cities, and removed from the allurements of fashionable amusements, they should endeavour, by the most scrupulous attention to regularity in diet, and hours of rest, and to moderate exercise in the open air, to repair their constitutions, and to fulfil the duties which they owe their offspring.

Women in high rank, however, are not the only mothers who ought not to become nurses; for some diseases, although originally induced by improper modes of living, are hereditary in families. The prejudices of the bulk of mankind are so much against women who seem to have any hereditary disease, that in the choice of a hired nurse they are always carefully avoided. A pretended discovery has led many medical practitioners to disregard such opinions; and the belief that these diseases, from being seated in the solids, cannot be communicated by the fluids, has induced them to imagine, that such disorders can never be derived from a nurse. But if the state of the fluids have any effect on that of the solids; if, in other words, the condition of the body depend on that of the juices which supply the continual waste of its various parts, the common sense of the uninstructed multitude will be found far

superior to the refined theories of dreaming philosophers.

It is therefore incumbent on every practitioner to advise seriously parents who unfortunately are afflicted with any hereditary disorder, to send their infants to be nursed in the country by a healthy woman, and to protract the period of nursing for some months beyond the usual time.

When, however, the mother is of a robust healthy constitution, she is certainly the most proper nurse, and ought to be advised to undertake the task, on account of her own health, as well as that of her infant.

Purging.—The infant should be put to the breast as soon after birth as the situation of the woman will allow; by which the black viscid substance contained in the intestines will be better evacuated than by any means which art can furnish. The pernicious practice of giving infants purging medicines as soon as born, cannot be too much reprobated; for the retention of the meconium for some hours after birth certainly produces less inconvenience than is occasioned by the acrimony of the substances which the child is often forced to swallow. The most simple artificial means for removing this matter, are Lisbon sugar dissolved in water, or a solution of manna. Where these fail, a

tea-spoonful of cold drawn castor oil is to be given.

Cautions to be observed while Nursing.—Although those infants are most healthy and thriving who are least restricted, and who are permitted to take the breast at pleasure; yet the woman should avoid becoming the slave of her child. On this account, the infant ought never to be allowed to sleep at the breast, nor accustomed constantly to overload the stomach by sucking till vomiting ensues. A disposition to regularity in the periods of sucking will soon be observed, and ought to be encouraged.

Women should always remember, that the mode of life most conducive to health will afford the best milk, and the most plentiful supply; and therefore nurses ought never to eat at irregular times, nor in a quantity which the appetite does not demand; and they should guard equally against abstinence and over-feeding. Fatigue, indolence, or inactivity, and every irregularity, must be also avoided.

It is seldom that any other food than milk during early infancy is necessary, but, with the view of introducing a change of diet by degrees, the practice of early beginning to give the child daily a little pap or panada, appears to be rational; for when it is neglected till the time of weaning approaches, the habit is with difficulty established; and there is great hazard

that the infant may suffer from the sudden change. At first, food should be given only once a-day; by degrees it may be increased to two meals; and before weaning, three at least ought to be allowed.

Many women begin to give spoon-meat to the infant a few hours after birth; a practice which seldom fails to occasion sore mouth, violent bowel complaints, &c. and which therefore should never be encouraged, notwithstanding the arguments of dry nurses.

If bad effects follow the use of such apparently harmless materials as bread and water, what must be the consequence of the pernicious custom of giving infants spirits in the form of toddy, with the supposed view of preventing gripes? Such liquors, however diluted, applied to their tender digestive organs, must unavoidably destroy or impair their functions, and may lay the foundation for a train of the most dangerous complaints. It may indeed be urged in favour of this horrid unnatural practice, that many children are accustomed to weak toddy from a few days after birth, and that they continue to thrive uninterruptedly. But such arguments only tend to prove, that the vigour of constitution in these children is so great as to resist the usual effects of strong liquors.

Although panada or pap be now almost universally used for the first food of infants, as a substitute for the mother's milk, yet some more suitable meat may perhaps be given with more advantage, such as asses milk, or cow milk mixed with a little water and sugar, to which a small proportion of rusk biscuit may be added. The arrow-root, or patent sago, prepared with water and milk, is an excellent food for infants; and after two or three months, weak beef or chicken tea may be occasionally given.

Air, Exercise, &c.—If grown persons, who have been many years accustomed to impure air, often feel themselves sick in a crowded room, it must be very evident, that a much less degree of bad air will affect infants, whose lungs are weak and irritable. But the infant ought not to be carried out of the house, unless in very fine weather, for the first month, as its tender lungs may be irreparably injured by the cold air.

When he has acquired so much strength as to be able to withstand exposure in the open air, he should be carried out every good day, at the time the sun has most influence. At first he ought only to be kept without doors for a very short time; and the person who has charge of him should walk slowly and gently, and avoid standing, especially in a current of air. By degrees, he may be sent abroad twice a-day,

when the weather is favourable, and may be kept out gradually for a longer space of time.

The importance of pure air to children cannot be better illustrated, than by comparing the health of those who are nursed in great towns with that of those reared in the country. "In the year 1767, in consequence of the humane suggestion of Mr Jonas Hanway, an act of parliament was passed, obliging the parish-officers of London and Westminster to send their infant poor to be nursed in the country, at proper distances from town. Before this benevolent measure took place, not above *one* in *twenty-four* of the poor children received into the work-houses lived to be a year old; so that, out of two thousand eight hundred, the average annual number admitted, two thousand six hundred and ninety died; whereas since this measure was adopted, only four hundred and fifty out of the whole number die; and the greatest part of those deaths happen during the three weeks that the children are kept in the work-houses."*

Although certainly other circumstances besides impure air, such as carelessness, &c. must have contributed to this dreadful mortality; yet the preference of the country air over that of large cities is clearly proved by this fact,

* Examination of Dr Price's Essay on Population, by the Reverend John Howlett, A. B.

and may be confirmed by the meagre looks, sallow complexion, and feeble limbs, of children reared in town, even where the greatest attention has been paid.

On the proper exercise of children, more depends than superficial observers could imagine; for by inattention to this circumstance, a foundation is often not only laid for deformities that may destroy the beautiful symmetry bestowed on the human body by the Author of nature, and consequently may injure the health, but also, for diseases which, though their first approaches be slow and gradual, terminate suddenly in a fatal manner.

During the first week or two after birth, the infant sleeps naturally more than two-thirds of his time; and therefore the fatigue which he undergoes, from being washed, dressed, &c. morning and evening, and occasionally raised to be cleaned during the day and night, may be considered as sufficient exercise at that period.

The remarkable delicacy of infants, and the gristly state of their bones, would render any violent agitation of the body for the first weeks highly dangerous; but in proportion as the child advances in age, the bones become gradually more complete, and the other solid parts more firm: hence a gentle degree of motion.

by promoting the free circulation of the fluids, will be highly beneficial.

Every restriction to one particular position, in whatever situation the child may be, ought to be constantly guarded against; for as the softness of the bones renders them easily moulded into an improper shape, deformities which may destroy the health, or prove the source of much future distress, will, if this caution be not observed, be readily induced. An infant should not therefore be laid always on the same side, nor carried constantly on the same arm.

The use of cradles is not now so universal as formerly; and it is to be hoped will not again become fashionable. Nature never intended that children should have exercise during sleep after they have breathed: therefore the idea, that rocking in a cradle resembles the motion to which infants have been accustomed when in the womb, is an erroneous one. The young of other animated beings sleep quietly and profoundly for a great part of their time without any rocking, although they also were habituated to a gentle waving motion before birth.

It has been urged, that objections to the employment of cradles, deduced from the abuses which may attend this practice, are inadmissable. But certainly no prudent person would recommend any unnecessary expedient

which may, through inattention, be improperly used.

The charge of the cradle is not always undertaken by the mother; the nurse, therefore, on many occasions, may agitate the infant more violently than is consistent with its safety, and by such practices must injure some of its delicate parts, especially the head.

Infants, for these reasons, ought to sleep in bed from the time of birth, although some inconveniences, and even dangers, attend this custom; for it may often perhaps be inconvenient for the mother to carry her infant to the bed-chamber every time he falls asleep; and during the night, if the woman have been unaccustomed to sleep with a child, she may readily overlay it.

Every inconvenience and danger may be avoided by adopting a very simple expedient. A crib or cradle may be so constructed, as to be fixed to the side of the bed, during the night, and to be easily moved from one room to another during the day. It must not be made to rock. But in cold weather, the infant ought never to be allowed to sleep by itself, as heat is absolutely necessary.

Weaning—forms an important æra in the life of an infant, as on the proper regulation of this great revolution in his mode of living his future health often depends.

Although different countries adopt different practices with respect to weaning; yet, it is a rule almost universally established, never to deprive a child of the breast if he do not thrive, unless his indisposition seem to originate from the milk. This is not an uncommon occurrence; for when women give suck too long, a natural change takes place in their system, which renders the milk no longer possessed of qualities proper for nourishment.

The time of weaning must be influenced by a variety of circumstances besides the health of the child, as, season of the year, constitution of the parents, period of teething, &c. The winter, for obvious reasons, is a very improper time for this purpose. When the parents have a scrofulous habit, the child should be nursed by a healthy country woman, and he ought not to be weaned till at least eighteen months old. If the nurse become unfit for her duty before that time, another should be procured. With these exceptions, infants may in general be weaned at any time between nine and twelve months after birth. Too early and too late weaning should be equally guarded against.

Many errors are daily committed in the method of weaning children. Some women deprive the infant of the breast at once; and others, by the application of mustard, or any

nauseous substance, to the nipples, endeavour to make him desert the breast of his own accord.

Both practices are equally cruel and improper. A change in diet should be introduced by slow degrees ; and therefore, for some weeks previous to weaning, the child ought to receive an increased quantity of spoon-meat, and should be allowed a smaller proportion of milk. . But, unless the latter precaution be attended to, the former practice is not to be adopted.

What is called the *weaning brash* is a violent bowel complaint, occasioned by a 'diseased action of the digestive organs, which is the natural consequence of a sudden change of diet. This may be easily understood, and yet it has been little attended to. If a grown person, whose stomach and bowels are so much more vigorous than those of an infant, were to be all at once forced to live upon Cheshire cheese, it can hardly be doubted, that his health would soon suffer in an alarming degree.

When an infant is weaned, it is too common for nurses to give doses of laudanum, or syrup of poppies, (which has the same effects), every night for a considerable time, with the plausible view of obviating restlessness. But these medicines should never be allowed: where restlessness occurs, the child should be taken out of bed, and carried about an airy room.

The indiscriminate use of laxatives is also a prevalent custom among women, and cannot be condemned in strong enough terms. If the bowels be not sufficiently open, laxatives must be had recourse to; but otherwise, they may do much harm.

The infant should be accustomed, when weaned, to receive food or drink at stated periods, and not according to the caprice of nurses. Although this task will at first be somewhat difficult, it can always be accomplished by perseverance; and the benefits which the child himself, and his attendants derive from this circumstance, will more than compensate for the trouble attending the attempt. As little drink or food ought to be given during the night as possible; for a bad habit may be induced, which may lay the foundation for many future complaints. The impropriety of indulging infants with spirits and water, wine-whey, &c. has already been explained.

After weaning, the food of children should consist of weak beef-tea, panada, light pudding, and the various preparations of milk. Rusk biscuit ought generally to be used instead of ordinary bread. The common preparation of oat-meal, (called pottage or porridge), till within these few years much used in this part of Great Britain, is undoubtedly too difficult of

digestion for infants, unless a proportion of barley-meal be mixed with the oat-meal. Frequent exposure in the open air when the weather is favourable, and an increased degree of exercise, are highly beneficial to newly weaned children.

SECTION V.

Affections of the Skin, accompanied with Fever.

ERYSIPELATOUS inflammation sometimes occurs within a few days after birth. It most commonly first appears on the toes or fingers, which look swelled and blueish as if from cold; but sometimes it begins at the belly, or about the shoulder or neck, or at the inside of one or both thighs. When neglected, it spreads extensively, so that, in many instances, it affects in succession every part of the surface. Suppuration or gangrene are occasionally the consequences, and even where neither of these events take place, death may happen from an effusion into some of the cavities. The most alarming form of this disease is met with in hospital practice.

This disorder is to be distinguished from other affections by the hardness and uniform increased thickening of the inflamed skin. To an experienced practitioner, too, the colour of

the affected part furnishes a pretty certain mark of discrimination.

The treatment must be varied according to the degree and the stage of the inflammation. In every instance, repellents, such as preparations of goulard, &c. are most injurious. Even emollient poultices often render the case strictly desperate. If there be any difficulty in ascertaining the true nature of the inflammation, no harm whatever can accrue from dusting with hair powder or fine flour, and in erysipelas, it is at first the only application which can be useful. The bowels are to be kept very open, the flow of urine to be encouraged if scanty, and the strength to be supported by cordials. On some occasions, stimulating dressings to the inflamed part, and blisters on some part at a distance from it, become necessary. Bark, in the form of a lavement, every third or fourth hour, must also be sometimes prescribed.

Another affection of the skin, attended with fever, has been called by Dr Underwood, who first publicly described it, the *skin bound disease*. It occurs chiefly in hospitals and among the lower classes of society, though it has in some rare instances been observed in every rank. It does not happen invariably as in the former disease, within a short time after birth, for it has been known to attack infants above six.

months old. It is ushered in with violent fever, with coldness of the limbs, oppressed breathing, and almost constant moaning. The general colour of the surface of the body is yellowish, but some parts of the skin are purple, and not only thickened and hardened, but also so evidently unyielding, that they seem to be strongly glued to the subjacent parts. The neck, shoulders, and back, most commonly form the seat of this affection. This peculiar appearance and condition of some parts of the skin, with the yellowish hue of the rest of it, together with the violence of the fever and the state of the stools, which are of the colour and consistence of clay, enable a practitioner to distinguish this disease from the former one described in this section, and from every other.

There is reason to believe that some affection of the liver is the cause of this disorder. In one case it was found, that (after death) that organ was as much changed as if it had been boiled, while, at the same time, the ducts were obstructed; besides this, there was also a great determination to the head.

The warm-bath, powerful laxatives, cordials, and blisters, have been recommended in this complaint, but they have seldom proved successful, and it is to be feared that human means can avail very little wherever its progress is not arrested in the beginning.

SECTION VI.

Affections of the Skin unattended with Fever.

Copper-coloured blotches, of the size of a sixpence or shilling piece, on the buttocks or soles of the feet, occurring within from a week to a fortnight after birth, indicate a diseased state of the infant's habit, which requires the most serious attention. If they be neglected, ulcerations of the palate, throat and nostrils, follow; the nurse's nipples, armpits and throat, become infected; and if the infant (which is not common) survive for any length of time, the arms and legs are covered with an ugly scab, which keeps up a constant degree of irritation.

The only cure for this affection is mercury, which ought to be exhibited, both to the nurse, in such doses as shall affect her milk, and also to the infant, in doses adapted to its strength, and to the virulence of the disease.

Infants are much subject to an eruption called the *gum*, which assumes a considerable variety in its appearance in different cases, and even in the same individual. The best description of these varieties is that given by Dr Willan.* In a work of this kind, it would be

* See Dr Willan's Work on Cutaneous Diseases, Order 1.

improper to dwell minutely on this subject, more especially as little difference in the treatment of the several varieties seems to be necessary.

The most common of the five species into which the disease is divided by Dr Willan, is the *red gum*, which usually appears a short time after birth, and occasionally recurs till all the milk teeth are cut. It is generally in the form of a great many small distinct red pimples, which can be felt above the skin; it is often general over the whole body, like the measles; in other cases, it appears only on the face, or extremities, and is frequently confined within large patches. The skin in many instances is of a vivid red colour in the interval between the patches. The infant does not seem to suffer any uneasiness, or derangement in his usual functions, from this eruption; a circumstance that sufficiently distinguishes it from the measles.

One variety of this disease, the pimples being transparent or of a yellowish or pearly colour, resembles so much the itch, that the principal mark by which it can be distinguished from that disease, is, the attendants not being affected with a similar eruption; the nurse herself sometimes is.

The only danger to be dreaded from the red gum, is its sudden repulsion, which is imme-

diately followed by violent affections of the bowels, attended with screamings, and even in some cases with fits.

The cause of all the varieties of gum is a determination of blood to the papillæ of the skin; but the circumstances occasioning this have not yet been ascertained. It seems probable, that the structure of an infant's skin is such as to admit readily, whenever the blood is disproportionate to the wants of the system, of a deposition of the superfluous parts.

In the management of this disease, the chief object ought to be, to guard against the eruption being repelled; for which purpose the bowels are to be kept moderately loose, the skin is to be frequently washed with milk-warm water, and exposure to cold is to be particularly avoided. The nurse's diet too is to be properly regulated. Should the eruption by any accident recede, the warm bath, and in some cases an emetic, cordials, and even blisters, must be had recourse to.

A white or dusky scabby eruption, principally affecting the brow, or some part of the head or face, in many cases appearing in different distinct patches, in others spreading considerably in one continued crust, is known to nurses by the name of *milk blotches*.

These scabs are always superficial; consequently never leave any scar, unless they be

improperly treated. They are attended with no fever, nor obvious derangement of the system, although they often continue for weeks or months.

Eruptions of this kind generally only occur in gross infants, and seem to proceed from too rich milk. The cure therefore commonly depends on the abstinence of the nurse from much animal food, and from all fermented liquors.

The anxiety parents and nurses often express to have those ugly appearances removed, has induced many practitioners to interfere unnecessarily and improperly. It should always be remembered, that these eruptions are critical and salutary; and therefore, when from excessive itching it becomes necessary to apply to them a weak solution of sugar of lead, or, what is preferable, the weak astringent lotion formed by a solution of white vitriol, such laxatives are to be given as shall occasion a looseness. Every active medicine, as large doses of calomel waters impregnated with sulphur, &c. ought, if possible, to be avoided.

An eruption very similar to the above, frequently takes place during teething, and is a most obstinate and troublesome complaint, rendering the infant extremely restless, from the heat, itching and irritation which attends it. Besides the period of attack, there are other circumstances which distinguish this eruption

from the former, viz. there being a redness of the skin round the edge of the incrustations; an ichorous or clear coloured exudation which concretes, issuing from the surface of the scabs; and the disease having a tendency to spread over every part of the face which is touched with that exudation.

The ordinary unctuous applications generally aggravate this affection. The best remedies therefore are brisk laxatives, sometimes preparations of sulphur or antimony, and a wash composed of lintseed oil and lime water, or of one part of the acetite of ammonia to four parts of spring water. With either of these, the scabs may be washed evening and morning. Calomel has been very often employed in this disease, but it has never seemed to have much effect.

SECTION VII.

Yellow Gum.

THIS disease commonly takes place within a few days after birth. It is preceded by drowsiness and disinclination to suck, and is soon discovered by the universal yellowness of the skin. Sometimes the whites of the eyes appear yellow for a day or two before the other symptoms. The tinge of the skin is seldom deep,

and the oppression and torpor abate, on the infant being well purged; so that at the distance of a week from the attack, all the indisposition subsides. But cases are occasionally met with, where the colour of the skin is of a dark yellow, the infant moans constantly, and convulsions follow, which at last destroy life.

The causes of this disease are numerous. As the bile is conveyed from the liver and gall-bladder, by a single conduit, into the intestinal canal a little below the stomach, any obstacle which may prevent its passage in this manner, must induce a yellowness of the skin. In grown people, the liver is pretty well defended from external injuries; but in infants, it is larger in proportion, and not so well protected. The intestinal canal in them also is more readily deranged than afterwards: hence the flow of bile in children may be interrupted by external pressure on the liver, by distension of that portion of the intestine into which the bile passes, or by any of the causes that occasion the same accident in grown persons.

It has been alleged, that this complaint is sometimes occasioned by the nurse's milk; but the evidences of this are not quite satisfactory.

In regard to the treatment of this disease, if the child seem to suffer no uneasiness, although his skin be quite yellow, should his bowels be open, it would be absurd to pre-

scribe any medicines. But if he be unable to suck, and have a disposition to constant sleep, the most active means should be adopted, otherwise the disease may soon prove fatal. Ipecacuan vomits, and brisk laxatives, as a dose of calomel, and frequent doses of the solution of manna, will then be found necessary; and their effects may be much promoted by the warm bath. When violent cholic pains or convulsions accompany the yellow gum, there is reason to fear that the liver is diseased, and little can be expected from any remedy.

SECTION VIII.

Sore Mouth or Thrush.

THE *thrush* is so common a disease in early infancy, that it has been imagined to be a salutary effort of nature to expel some hurtful matter from the system, which might otherwise be productive of many complaints at a future period. This opinion, however, is merely a vulgar prejudice, founded neither on reason nor experience.

Of this disease there are two varieties: the one which is by much the more frequent, is merely a local affection of the lining of the mouth; and the other is a feverish disorder of a very dangerous nature.

The former of these appears in the form of small white spots on the corners of the lips, tongue, and inside of the cheeks and throat, resembling little pieces of coagulated milk. These spots gradually spread over the lips, tongue, palate, &c. and, in some cases, are continued as far into the throat as can be seen; but, where the complaint is favourable, the spots are few in number, and are confined to the mouth. In three or four days the spots grow yellow, and soon after, drop off, and gradually disappear, leaving the skin on which they had been seated, of a bright red colour; so that at the end of a fortnight from the first attack, no vestiges of the disease remain.

In some rare cases the spots become livid, and the infant sinks, although no fever had attended. Instances of this kind are exceedingly rare, but it often happens, that from mismanagement, the complaint is kept up for several weeks, and gradually exhausts the strength of the infant. This is always the effect of forcing off the spots before they have undergone the natural changes; and as they are quite superficial, any slightly stimulating application, such as Port wine and water, currant jelly dissolved in water or borax, (which is universally employed by the ignorant in this part of the island) readily does this.

Considerable acrimony of the saliva attends this disease, so that gripes, frequent unnatural stools, excoriation about the extremity of the gut, and tenderness or soreness of the nurse's nipples, are the usual consequences. The disease appears generally within a few days after birth, and seldom later than the month.

That the too early or too liberal use of spoon-meat is the most frequent cause of this variety of sore mouth can scarcely be doubted, but other causes occasionally produce it, such as exposure to cold, damp weather, and some peculiar states of the atmosphere. The proof of this latter cause is, that in some seasons almost every infant is affected with some degree of sore mouth.

In the treatment of this complaint the great object should be, to promote its natural progress, and to counteract the effects of the acrimony of the saliva. This may be done by putting frequently into the infant's mouth a tea-spoonful of a liquor prepared by mixing with the white of a single unboiled egg, three table-spoonsful of cold water, and a little refined sugar, by prohibiting all spoon-meat, and by frequently dusting the natural passages with prepared calamine or tutty powder. When the spots become yellow, the borax may be allowed. It is to be mixed with eight or ten times its weight of powdered sugar or of honey, or it may be

dissolved in fig-tea in the same proportion. If the spots grow livid, bark and Port wine should be used as a gargle, while the infant is supported by means of ten or twelve parts of warm cow milk mixed with one part of sherry wine. The same kind of nourishment is necessary in cases, where, from the extensive incrustation over the tongue and cheeks, the infant is incapable of sucking, which often happens for a day or two.

The other variety of thrush is preceded by great oppression or feverishness, sometimes by such lowness as to resemble the approach to death, and sometimes even by fits or violent shrieking. When the spots begin to appear on the inside of the lips, or the tongue, &c. those symptoms become mitigated, but do not entirely subside; for the infant generally continues feverish, and incapable of sucking, till the spots begin to drop off. Great irritation of the bowels attends this affection, in so much that it has been alleged, on apparently just grounds, that sometimes the spots are continued, at least along the course of the gullet down as far as the stomach. From the frequent pain in the belly, aggravated by the slightest pressure, it has even been supposed that they extend further.

The event of this disease is, in every instance, to be considered as precarious. If the oppres-

sion do not go off upon the appearance of the spots, or if the spots become livid when they should grow yellow, there is little chance of recovery. But even where these obvious marks of danger do not take place, there is always risk of the weakness and irritation proving fatal. Till the infant can again suck, there can be no dependence on his recovery.

This variety of thrush is induced by specific contagion. Like the former, it most ordinarily happens within the month after birth.

The utmost activity of practice is necessary in the treatment of this dangerous disease. The absorbent medicines, such as magnesia and prepared chalk, on which many foreign practitioners place the chief reliance for the cure, do no more than moderate the irritation in the stomach and bowels. On this account they are indeed proper auxiliaries, but the great indication to be kept in view, is to support the strength of the infant. For this purpose wine mixed with milk, in the proportion already mentioned, and sweetened so as to be palatable, should be freely and frequently given; and one drachm of bark with three drops of laudanum, made into a lavement, by means of two table-spoonsful of thin starch, ought to be exhibited every three or four hours, till the spots begin to drop off, and the infant again become capable of sucking. During the course of the

disease, a clean dress should be put on every twelve hours, and the whole surface ought, at the same time, to be carefully washed with warm water. The mouth is to be treated as in the former variety.

If, notwithstanding these means, the strength decline, and the healthy change on the spots do not appear, powerful cordials, with external stimulants, become necessary.

SECTION IX.

Sickness and Vomiting.

To one who has never witnessed the state of an infant while labouring under sickness at stomach, it is hardly possible to communicate an adequate notion of the alarming appearances which it induces. There is not only a remarkable change of countenance, a general relaxation of all the limbs, a great degree of torpor and lowness, but also, an oppression of the breathing, that may be readily mistaken for the approach to death. The suddenness of the attack, the smell of the breath, the colour of the face round the lips, the dulness of the eyes, and the total incapability of sucking or of swallowing, are the most obvious evidences of this affection. If there be slight efforts to retch, no one could mistake the case, but it sometimes

requires a good deal of attention to discover those efforts, for the infant always resists them as long as possible.

The causes of sickness at stomach in infants are either some altered condition of the nurse's milk, or the presence of some indigestible substance in the stomach. If the nurse have been under the influence of any violent emotion of the mind, or if she have begun to be out of order, or even to have the feelings preceding that event, it may with certainty be concluded that there is some morbid change in the milk. During the process of teething, the increased quantity of saliva, together with its acrimony, proves occasionally the cause of sickness.

In such cases an emetic is immediately to be given. With this view, preparations of ipecacuan are in general the only medicines to be employed. Antimonials, in doses which excite vomiting, are always injurious, and sometimes actually sink, with great rapidity, the living powers. In many instances, the infant has remained in a torpid lifeless state for twelve or fourteen hours after an ordinary dose of emetic tartar, and, as far as could be judged, nothing but the most powerful cordials and external stimulants could have prevented fatal event. Sometimes, where the symptoms are very urgent, a large dose of calomel may be given for the purpose of producing speedy vomiting; but,

with such exceptions, ipecacuan, either in the form of powder, mixed with a little sugar and water, or of ipecacuan wine, is the safe and efficacious medicine. For the first month after birth the powder is to be used; the dose should be from three to five grains; after that age, the ipecacuan wine, being more readily swallowed, is the preferable form.

Vomiting is a very common occurrence in infants, as their stomach is so irritable that it readily rejects any overload, or any indigestible substance. Unless when it is extremely violent or long continued, it is seldom necessary to interfere; but when means are required to moderate or to allay it, they must be adapted to the cause of vomiting. If it seem to arise from the presence of something in the stomach which ought to be thrown off, there can be no doubt of the propriety of an emetic. When it is kept up by the irritation of the stomach, which is sometimes the consequence of its actions having been disturbed by a cause already removed, cordials, and failing these, stimulants applied externally, ought to be recommended. The great difficulty is to distinguish the cases in which the one or the other practice ought to be adopted. When the vomiting recurs frequently without any apparent cause, some serious organic affection may be dreaded.

The habitual vomiting from over-distension of the stomach, to which many infants are liable, may lay the foundation for future weakness of the digestive organs, and should therefore be guarded against by every precaution. For this reason, infants ought not to be permitted to suck too much at a time; and large quantities of spoon-meat should never be given in the early months. The intention of spoon-meat at that period is not to appease hunger, but to accustom the infant to a gradual change of diet. A small proportion only, therefore, ought to be allowed, till towards the period of weaning; and although it must necessarily be given when the infant is hungry, to induce him to take it, his appetite should never be completely satiated.

SECTION X.

Cholic Pains and Introsusception.

IF an infant be fretful by fits, if its upper lip look blueish or livid, if it writhe or contort its body, and draw up its limbs towards its stomach, and, more especially, if it occasionally pass wind, which seems to afford relief, there is good reason to suppose it affected with *cholic*. The lesser degrees of this complaint are of temporary duration, and are so well understood by

the ordinary attendants, that a medical practitioner is seldom consulted for any other purpose than that of preventing its frequent recurrence. But the more violent degrees of cholic assume an appearance which seldom fails to occasion much anxiety and alarm. Excessive and long continued shrieking, great fever, indicated by the heat of the skin and flushing of the face, oppressed breathing during the intervals of the screamings, and the evidence of pain being occasioned by the slightest pressure on the belly, are the ordinary symptoms in such cases.

The delicacy of the bowels of infants renders them affected by the most apparently trifling causes; and hence many circumstances induce cholic pains. Exposure to cold, inattention to changing the clothes when they become wet, too great a quantity of spoon-meat, some fault in the milk, too large doses of magnesia, and a collection of acid slime or of air in the stomach or bowels, may severally be productive of this complaint.

Of those causes the two latter only require elucidation. Many women, from the best motives, but the most improper views, torment their infants with the frequent exhibition of magnesia; because that medicine has little taste, they naturally imagine that it can do no injury. But its operation depends on its under-

going a change in the stomach or bowels, which gives it the same properties as the laxative salts; and, it is obvious, if too large a dose of these occasion cholic pains in grown persons, the magnesia must, when given in too great quantity, produce the same effects in infants.

The internal surface of the stomach and alimentary canal is constantly lubricated with slimy fluids, which defend it from injuries, and assists in the digestion of the food. Any irritating substance applied to the delicate parts that furnish these fluids, increases the quantity, and interrupts the digestion; because the collection of slime prevents the due preparation of the food, by constantly exciting the action of the organs in which that process is carried on. Nothing contributes more to increase the quantity of slimy fluids than the pernicious habit of putting much sugar in the meat of children. A little of that substance is proper and necessary; but the meat ought never to be what can be termed sweet; for the taste of the sugar should scarcely be perceived. In cases where slime is accumulated in the stomach or bowels, it soon becomes acid, and, consequently, the stools have a green colour and sour smell.

In slight degrees of cholic, a few drops of Dalby's carminative, mixed with sugar and

water, and a dose of cold drawn castor-oil, if the bowels be at all confined, are all that are necessary. The too common practice of giving spirits and water to infants cannot be reprobated in terms sufficiently strong. It consists with the knowledge of the author of these observations, that many infants are annually destroyed in this city by this most unnatural practice; and, from what he has seen, he takes the liberty to warn parents that dry nurses very often have recourse to this method of quieting infants for their own selfish purposes.

The best method of preventing slight degrees of cholic, is to take care that the infant do not suck too much at a time; to promote the discharge of any air that may be swallowed while sucking, by gently tossing the baby now and then before his stomach be filled; to proportion the quantity of spoon-meat to the powers of digestion; and to regulate the diet of the nurse, as it is now well known, that after certain articles of food, such as particular kinds of malt liquor and of vegetables, a great deal more air than usual is separated during digestion from the milk.

In the more violent degrees of cholic, the treatment must be varied according to the circumstances of the individual case. If it seem to arise from accumulated slime, or from some fault in the milk, suitable doses of cold drawn

castor oil, or magnesia and rhubarb, together with the warm bath or fomentations of the belly, are to be advised. But if the bowels be quite open, and the complaint have been evidently excited by exposure to cold, or some external circumstance, along with the latter of those means, opiates, in the form of anodyne balsam, rubbed on the belly, may be safely prescribed. Preparations of opium should almost never be given internally to infants, as they may do, and have done irreparable mischief. The tincture of hyosciamus is a most excellent substitute.

When constipation attends cholic, the most active means of opening the bowels are to be had recourse to. For this purpose, even large doses of calomel, followed up by cold drawn castor oil and laxative lavemens, are sometimes insufficient, the most powerful purgatives which can be contrived being necessary.

A very dangerous disease, called by surgeons intromusception, resembles cholic so much, that it sometimes requires great practical discernment to draw the line of distinction between the two diseases. If, along with the ordinary symptoms of very violent cholic, the pulse be unnaturally slow, or if there be urgent calls to void the stools, and nothing but slime, or slime tinged with blood, be passed, there is much reason to dread the existence of this disease.

It consists of the passage of one portion of the gut into another, together with a stricture and consequent inflammation in the introsuscepted portion. Sometimes these are such as to close the canal, but in other cases there remains a free passage through the gut. Introsusception is occasioned by some violent irritation of a part of the gut, and this is excited by exposure to cold, by worms, and by drastic purgatives.

When this disease is discovered at the beginning, it often yields to the use of leeches, warm fomentations, and a dose of calomel, calculated to excite both vomiting and purging. But if its nature be overlooked or misunderstood, even for a few hours, the fatal event can hardly be prevented. A discharge of blood from the bowels, but more often stupor and occasional convulsions precede death.

SECTION XI.

Costiveness.

SOME infants seem habitually *costive*; and certainly there is, in respect to the state of the bowels, a considerable variety in different individuals. But what may be properly termed costiveness, is never to be regarded as a natural deviation peculiar to any infant. It is always

the effect of disease, or of the nurse's milk, or of the food. If one copious evacuation take place every twenty-four hours, and the infant be thriving, there is no occasion for interference. If there be any greater torpor of the bowels than this, suitable remedies are to be employed.

It is generally proper to treat the case at first as if it were the consequence of disease; and on this account, a brisk laxative medicine is to be given every day for four or five times successively. The best laxatives for infants are, manna, calcined magnesia, calomel, cold drawn castor oil, and a laxative syrup, prepared in the following manner: Take one ounce of senna leaves, and after having with great care picked out every bit of stalk, pour upon the leaves one English pint of boiling water; let this boil till only one-half remains, then pour the whole into a porcelain bason, and, covering it up, lay it aside for twenty-four hours. Strain it off through a linen rag, and, adding four ounces of treacle, put it over a fire till it become so much heated that the treacle and the decoction may be thoroughly united. When cold, it is to be corked up for use, and should be kept in a cool place, otherwise it may ferment. The dose of this syrup is from a tea to a table-spoonful, according to the age and constitution of the infant. Its activity may be in-

creased to any necessary degree, by the addition of powdered jalap.

Where these means fail, there is reason to attribute the costiveness to the nurse's milk. Of this cause, in many instances, the most incontrovertible proofs have appeared; and however unnatural it may seem, there can be no doubt that the mother's milk occasionally has this effect. Sometimes that peculiar state of the milk may be altered by regulating the diet, and opening freely the bowels of the nurse. While proper means are tried for this purpose, the infant's bowels are to be kept clear by any mild laxative. But if it be found that the milk still possesses that injurious quality, the nurse should, if possible, be changed. Where this cannot be done, four or five drops of antimonial wine may be given to the infant every night at bed-time, and instead of the ordinary food, panada, made with small beer and treacle, should be substituted.

Temporary costiveness may be at any time removed by a suppository made of a small piece of yellow soap, shaped like a very large Dutch writing quill. This may be rendered more powerful, if necessary, by being dipt, previous to use, into some powdered sea salt. Suppositories are more efficacious in infants, and much more easily managed than glysters, though these latter means are also sometimes useful.

In cases of obstinate constipation, attended with symptoms of great oppression, aloes, suspended in treacle or syrup, is more powerful than any other laxative; from four to eight grains may be thus given as a dose. Many practitioners err, by directing too small doses of laxative medicines for infants.

SECTION XII.

Looseness.

THE natural appearance of the stools of infants, while on the breast, ought to be familiar to every practitioner. In general, the colour is that of bright orange, the consistence is pulpy and curdled, and the smell is not offensive. Any deviation, in those respects, marks some diseased state of the stomach or bowels.

During infancy, from two to four evacuations, within the twenty-four hours, seem necessary and useful; and even where that number is exceeded, it is not to be regarded as injurious, unless the health be impaired, or the flesh be rendered flabby. The appearance of the stools, in cases of looseness, is very various. When they are green, and at the same time emit a sour smell, the infant is said to have the green scour. This complaint is attended with griping and fretfulness, but is not dangerous.

It readily yields to a brisk laxative, as a dose of calomel, or of rhubarb and magnesia, or of syrup of senna with a small proportion of rhubarb, followed by small doses of magnesia or prepared chalk. The nurse's diet should be regulated, and the infant ought to have no other food, besides the milk, than arrow-root.

Slimy stools are generally the effect of exposure to cold, though they occasionally arise from some irritation or accumulation in the bowels. In both cases, they are apt to be slightly streaked with blood. If there be violent pain, or symptoms of fever, introsusception is to be dreaded. A dose of cold drawn castor oil, together with the warm bath, or fomentation of the belly with flannels wrung out of hot water, are commonly all that are necessary, if the disease be attended to at the beginning. If there be reason to suppose the stomach loaded with acrid saliva, an emetic should be premised. Where slimy stools are of the colour of clay, and emit a putrid smell, the infant soon becomes emaciated, and the disease often terminates fatally, though its progress be slow. Alteratives, with opiate frictions and occasional purgatives, afford the chief means of relief. If the infant be still on the breast, the milk should be changed, a practice which ought to be adopted in every instance where there is great tendency to looseness.

The most alarming cases of purging are where the stools are liquid, brown, black, or clay coloured, and of an offensive smell. Emaciation and dryness of the skin, swelling or shrinking of the belly, constant fretting or peevishness of temper, with an altered appearance of the countenance, are sure indications of fatal event. Swellings of the glands of the groin, and a little uneasiness of breathing, as if there were a slight tendency to cough, are also very unfavourable symptoms.

In many of those cases, the purging is the effect of a diseased state of some of the digestive organs, or of the mesenteric glands; in others, it is induced by an irregular action of the stomach or bowels, and it is often extremely difficult to determine whether it be owing to the one cause or the other. When active treatment at the beginning does not arrest the progress of the complaint, the former cause is to be dreaded, but so long as there is any doubt on the subject, remedies calculated to alter irregular action, and to palliate symptoms, are to be carefully administered.

It is impossible to lay down any precise rules for the management of such cases. In general, emetics ought to be first given, and then a dose of rhubarb and magnesia; weak beef or chicken broth with rice, or boiled cow's milk with baked flour, or arrow-root, should form

part of the diet; and if the complaint still continue, prepared chalk, in suitable doses, and opiate frictions, or according to the violence of the disease, small quantities of calomel, with two or three drops of laudanum with each dose, are to be advised. The occasional exhibition of injections of thin starch and laudanum, in the proportion of ten drops of the latter to two table-spoonsful of the former, must be had recourse to, in order to moderate the discharge when the strength is much reduced.

Although powerful astringent medicines are commonly inadmissible in cases of purging during infancy, great benefit has sometimes seemed to accrue from the use of a mixture composed of twenty grains of toasted rhubarb, two drachms of prepared chalk, a table-spoonful of brandy, previously set fire to and allowed to burn as long as any spirit remains, and three table-spoonsful of water. The dose is from one to two tea-spoonsful every hour or two, while awake. On some occasions, stimulating embrocations, applied over the whole body, have also had considerable efficacy.

SECTION XIII.

Teething.

THE process of *teething* does not commence invariably at the same age, but, in the greater number of cases, the first pair of milk teeth appear before the seventh month, and the last pair before the completion of the second year. Of those teeth there are twenty in all, that is, ten, or five pair, in each jaw. At birth they are placed underneath the gums, and each tooth is inclosed in a fine membrane or capsule, which is supposed to be extremely sensible. This capsule, as well as the gum, must give way before the tooth can be protruded, and this is accomplished merely by the pressure of the enlarging tooth, which occasions the absorption of those parts. In general, the teeth appear in pairs, and those of the lower jaw are commonly cut before the corresponding ones in the upper. The following is the order of succession in most instances, viz. *first*, the two middle fore teeth; *secondly*, the two next to them; *thirdly*, the anterior grinders; *fourthly*, the eye-teeth; and, *finally*, the posterior grinders. An interval of one, two, or more weeks, is interposed between each successive pair. There is com-

monly a longer interval between the first two pair than between the succeeding ones.

In regard to the commencement and progress of dentition, there is great variety in different individuals. Many infants attain the sixteenth or eighteenth month before a single pair appears, while in some the first pair or two are cut by the end of the third month. Sometimes the several pairs of the upper jaw are protruded before the corresponding ones of the lower jaw. In some rare cases, the grinders come out before the cutting teeth, and the usual order of succession is deranged. It is not uncommon, too, for several pairs to succeed each other very rapidly, and then for a considerable interval to elapse before the rest advance. But, in general, the later the commencement of teething, the shorter are the intervals between the several pairs.

The natural process of dentition is productive of pain and indisposition in by far the greater number of instances. Some infants, indeed, suffer less than others, but few enjoy perfect health while teething.

In favourable cases the pressure of the teeth on the gums occasions pain and an increased flow of the fluids furnished by the mouth; hence the infant is fretful, restless during the night, frequently thrusts his little hands, or whatever he can get hold of, into his mouth to

rub his gums, slaver's continually, and from the passage of some of the saliva into the stomach and bowels, has occasionally sickness, gripes, and looseness. At last the corner of a tooth is perceived; but the uneasiness still continues for some days, when a second one is cut. During the interval between the eruption of the lower and upper teeth, he recovers his strength and usual good health; but is soon again subjected to the same uneasiness.

Were these the only complaints which attend teething, little danger might be apprehended; but sometimes many very formidable symptoms occur. In robust healthy constitutions, a violent fever frequently precedes the appearance of every tooth; the gums are swelled and inflamed, the eyes much affected, the belly bound, the skin hot; and there is every now and then most incessant screaming, with inability to suck, and the sleep is short and disturbed. Weakly infants, where teething is painful and difficult, are oppressed with sickness, loath all kinds of food, lose their colour, fret perpetually, have a constant looseness, and become quite emaciated. Some, besides these symptoms, are subject to convulsions, which recur from time to time, till the tooth or teeth are above the gum. Cough, very ugly eruptions on the skin, ulcerations in the gums, extending sometimes over the palate,

obstinate inflammation of the eyes, affections of the urinary organs, and sometimes most alarming determination to the head, are occasionally the effects of teething. All the symptoms are much aggravated if several teeth be cut at once, or in immediate succession.

It is of great importance to be able to ascertain when any of the distressing symptoms thus enumerated arise from dentition. This is to be done by a careful examination of the state of the gums. Previous to the protrusion of any tooth, the seam, which may be distinctly observed on the edge of each gum like a doubling of the skin, is done away, and the upper surface of the gum is rendered flat and broad, or is elevated in the form of a small swelling. The gum of the upper jaw is more apt to seem on the stretch than that of the lower. It is not easy to distinguish when the infant suffers pain from any part of the gum being pressed upon, otherwise that might assist in pointing out the advance of some particular tooth or teeth, because such a degree of fretfulness attends teething, that any attempt to feel the state of the mouth never fails to irritate the baby.

An estimate of the danger attending dentition is to be formed, chiefly from the nature of the symptoms. Experience proves that puny delicate infants often suffer less than the most

healthy and robust. In this climate it has been found that summer is a more favourable season for teething than winter. Some infants cut their fore teeth without any pain or difficulty, but are much distressed while cutting the grinders or eye teeth; although, when the protrusion of the first two pairs of fore teeth is accompanied or preceded by great uneasiness, there is reason to fear that the individual will suffer during the whole period of teething; yet the converse of the proposition does not hold good, that is, where little derangement of health attends the first pair or two, it is not to be concluded that all the other teeth are to advance with the same facility. It is well known, that during teething every acute disease is more than usually dangerous; and it is also a well established fact, that infants, in a crowded city, are more liable to pain and alarming symptoms at that time of life than those reared in the country.

The treatment of the ordinary complaints attending teething should consist in moderating the pain, in regulating the state of the belly, and in the continued employment of every means calculated to promote the general health of the infant. With these views small quantities of anodyne balsam should be rubbed on the back-bone at bed-time, when the infant seems greatly pained. He ought to be fed

with beef-tea twice a-day if weakly, and if his bowels be very loose; and should be kept as much as possible in the open air, when the weather is favourable. The cold bath ought never to be laid aside in these cases, as nothing is more conducive to promote general strength. Looseness, if excessive, must be moderated, and if the belly be bound, should be artificially induced by gentle laxative medicines.

When restless during the night he should be taken out of bed and carried about in a cool airy room; and, if not relieved in a short time, he ought to be put into the warm bath. Finally, he should be allowed something to rub his gums with, which will both gratify his wishes and tend to promote the absorption of the parts inclosing the tooth. A piece of wax-candle, or of recent liquorice root, is preferable to coral, though that latter substance is in no other respect injurious than that it may be, by awkwardness, forced into the nostril or eye.

The management, when alarming symptoms take place, must be varied according to circumstances; but, in every case, the indications to be fulfilled are, to cut asunder the parts which resist the protrusion of the tooth or teeth, and to palliate distressing or troublesome complaints.

Many prejudices have prevailed against the former of these indications, not merely among parents, but also among medical practitioners. Of these only three require a formal refutation. The first to be noticed is, that the scar, which forms when the teeth do not immediately advance after the operation, will increase the resistance to their eventual exit. But this supposed danger is perfectly ideal, for no scar forms on the gum. When the capsule inclosing the teeth has been fairly divided it cannot reunite, so that one chief cause of pain and irritation is thereby removed. As no thickening follows the healing of the gum, the operation may be repeatedly performed in the same tooth or teeth without any bad effect.

The second objection to this practice is, the hazard of excessive bleeding from the gums, which might debilitate greatly, or might even prove fatal. One instance of this consequence of the operation has been reported to me, on evidence which I cannot controvert. But as I have now directed and witnessed the division of the gums in some thousand cases, and have never known such an occurrence, I should think the chance of its ever happening beyond all calculation. In general, the discharge of blood, after the incision, is less than could be wished, as, were it copious, it would tend to remove local swelling and inflammation.

The last argument usually urged against dividing the gums, would be the most serious one, were it well founded. It is, that the beauty or regularity of the second set of teeth would be spoiled. This opinion cannot have originated from fair reasoning on the subject, and it is by no means warranted by observation. As the second set are placed underneath the milk-teeth, it is impossible that the incision of the parts above those latter can affect them; and, accordingly, experience proves, that the operation has no influence whatever on the condition of the second set.

The utility of dividing the gums when on the stretch might be estimated from analogy. What remedies could so effectually remove the swelling and inflammation produced by a thorn in the flesh, as extracting the thorn? But it is unnecessary to offer any extended reasoning on a subject which is now ascertained by experience. Not only are all the painful feelings relieved by the operation, but even convulsions, which had resisted every possible mode of treatment, have been known to cease from the moment that it was performed. It is therefore to be regarded as indispensable, in every instance where pain or distress accompany dentition. Though a very simple operation, it has often been bungled. A proper gum-lancet is to be used, and, in general, a crucial incision is to be

made: this is particularly necessary in the case of the grinders; for if a single fibre remain undivided, the irritation continues.

The most ordinary distressing or troublesome symptoms which require palliation, are, smart symptomatic fever, violent determination of blood to the head, emaciation and looseness, or deranged state of the bowels. If the feverishness be not moderated by the operation of cutting the gums, the use of the warm bath, the exhibition of a brisk purgative, and the application of one or two leeches, according to the strength of the infant, or the urgency of the case, must be ordered, and the bleeding ought to be encouraged for some time. If the bleeding continue too long, it is best stopped by pressure steadily applied for several minutes to the bites. On this account, leeches should never be fixed on any part of infants which does not admit of being pressed upon.

Where symptoms of great determination to the head have occurred, the same means, with the addition of a blister to the nape of the neck, are to be had recourse to. Under such circumstances, the ordinary doses of purgatives seem to have little effect, and hence it becomes necessary, not only to give very large quantities, but also to repeat them frequently.

Emaciation is usually the effect of excessive looseness, and can only be arrested by most

particular attention to the state of the bowels. Opiates, combined with calomel, are sometimes of very great utility in such cases. If the infant have been weaned previous to the illness, his nourishment should consist principally of asses milk, weak beef-tea with rice, and arrow-root prepared with a considerable proportion of boiled milk. When costiveness occurs during teething, varied purgatives, in considerable doses, are required. It is often a good precautionary measure to premise such a dose of calomel as shall both vomit and purge.

Inflammation of the eyes sometimes continues even after several teeth are cut. The eyes are to be frequently bathed with warm milk and water, the bowels are to be kept very open, and a drain is to be established behind one or both ears, by applying a bit of rag or a few threads of cotton covered with issue ointment. A Burgundy pitch plaster between the shoulders, removed every eight or ten days, also tends to relieve inflammation of the eyes, and is besides of material benefit where slight cough attends.

The most formidable symptom, except convulsions, which occurs during dentition remains to be noticed: It is a kind of convulsive stricture of the upper part of the windpipe, producing a peculiar crowing sound, as if from threatening suffocation. This affection is quite momentary, and generally happens on awaken-

ing from sleep, on taking drink or food, or on the infant being teased or irritated. Sometimes the fits are redoubled, but more often they are single. The disease is unaccompanied by fever or any material derangement of the general health. When cough attends, which is not always the case, it is not hoarse, and the breathing during the intervals is perfectly free. Those circumstances distinguish it from the croup, which it resembles in the crowing sound.

This complaint is of such rare occurrence, that it has been little attended to by practitioners, and has not been accurately described by any author. It has appeared in the most robust as well as the most delicate infants, and, as far as my observation enables me to judge, is peculiar to the period of cutting the deciduous teeth. It sometimes continues for months, occasionally decreasing in violence, and suddenly again becoming aggravated, so that for a week or two, the infant shall have forty or fifty attacks within the twenty-four hours, and then the number shall be diminished to eight or ten. The event to be dreaded is sudden suffocation, or a severe convulsion, from which the infant cannot be recovered. In one case, this happened at the distance of five months from the first attack, and after the infant had seemed almost completely relieved from the disease.

In the treatment of this complaint the utmost attention, on the part of the practitioner, is required, as no reliance is to be placed on any apparent remission or mitigation of the characteristic symptom; and so long as it continues to recur in any degree whatever, danger is to be apprehended. The plan of cure which has hitherto seemed the most successful has been, to watch the state of the gums, so as never to allow much local irritation from the pressure of the tooth, to open the bowels very freely, to regulate the diet, to direct some stimulating substance to be rubbed every six hours on the outside of the throat, and to give frequently some antispasmodic. After having tried the effects of preparations of opium, hyosciamus, valerian, and asafoetida, without any apparent benefit, I have been led to give the preference to Dalby's carminative, in doses at least double of what are prescribed in the printed directions. Blisters on the throat or breast are to be used as auxiliaries; and the warm bath and emetics are to be occasionally advised, for the purpose of palliating symptoms.

SECTION XIV.

Catarrhal Fever.

THE common catarrhal fever is not a very frequent disease during infancy, and when it does happen, seldom requires any other treatment than an emetic at the beginning, an open state of the bowels, and the warm bath every night while it continues. But there is a variety of catarrhal fever occasionally met with, which is of a very alarming nature. It begins with cough and fever, and, soon after, excessive frequency and shortness of breathing suddenly take place. There is neither wheezing nor crowing, nor any apparent obstruction in the windpipe; the pulse is so frequent and small that it cannot be numbered; the heat of the skin is perceptibly increased, and, in robust infants, the colour of the countenance is rather more than usually red. In others, however, there is an apparent shrinking of the features. At any rate, the face is not purple nor flushed.

In the treatment of this disease the chief indications to be kept in view should be, supporting the strength, and producing such a determination to the surface as shall relieve the lungs. The former of these is to be accomplished by suitable cordials; such as wine and milk, the

aromatic spirit of ammonia, or the spirit of nitrous æther, properly diluted with syrup and water. A large dose of the tincture of hyosciamus is to be given evening and morning, both for the purpose of supporting the strength, and for that of allaying the irritation in the lungs. Preparations of opium are only useful where this affection supervenes to the measles, which it sometimes does. The latter indication is best fulfilled by the application of blisters and other external stimulants, particularly amber oil, rubbed over the sides of the chest every six or eight hours. Along with these means such doses of laxative medicines are to be given as shall produce daily three or four evacuations.

Bleeding, by means of leeches, which some recommend in this and other febrile affections of infancy, is always most injurious. In some cases it very rapidly sinks the strength, and, in others, it occasions a shock to the constitution from which the individual never recovers. There is in this part of the island a particular prejudice in favour of blood-letting in every disease of infancy or childhood, which is attended with an inordinate action of the heart and arteries, and an increased heat of the skin; and the rapid abatement of the distressing symptoms, such as oppressive heat, restlessness, startings, &c. furnishes to superficial observers

a strong evidence of the utility of the practice. But it should be recollected, that during infancy every part of the body is in a progressive state of growth, which renders a constant supply of blood necessary, and that if the digestive organs be incapable of performing their functions with energy, the loss of even a small quantity of blood cannot be repaired. Accordingly it often happens that dropsical symptoms, or incurable purging, or scrofulous swellings, are the consequences of this practice, where the infant does not immediately sink under it.

From these observations it is not to be concluded, that bleeding, by means of leeches, ought never to be recommended in the diseases of infancy, it is the indiscriminate use of such powerful means which alone is objected to; and it may be confidently added, that it can be neither safe nor useful in above one of the hundred cases in which it is at present employed.

SECTION XV.

Convulsions.

IN some cases, convulsions come on suddenly; in others, the attack is gradual, and the first symptoms are not easily discerned by the attendants. In the former, the infant, from being in the most perfect health, turns in a

moment livid, his eyes and features are contorted, and his limbs and whole frame are thrown into violent agitations. These symptoms are succeeded by a suspension of vital powers, as in faintings, which may prove fatal, or from which he may gradually recover. In the latter cases, the infant shews some degree of uneasiness; he suddenly changes colour, his lips quiver, his eyes are turned upwards, and he unexpectedly, as it were, stretches himself out, or his hands become clenched. The lesser degrees of these are called by nurses *inward fits*. Sometimes there is a rapid and continued succession of violent or trifling fits, and sometimes very considerable intervals are interposed between them. The convulsions occur in various degrees of violence, as sometimes the agitation is confined to the muscles of the face and extremities, and the affection is almost momentary, and sometimes the whole body is so convulsed that the infant starts up frequently from bed, and the fits are seldom off. In some cases, even where the intervals between the paroxysms are pretty considerable, the infant remains torpid, insensible, and blind; and in other cases, the moment the fit is over, the sensibility returns, the first evidence of which is violent screaming.

Convulsions commonly precede the fatal termination of most diseases of infancy, which ex-

plains the reason of their appearing in the bills of mortality to be of such frequent occurrence. Accordingly, where they take place after any considerable indisposition, they are to be regarded as the harbingers of death. But even where the infant had been in perfect health previous to the attack, the event is always to be considered as extremely uncertain, for a single fit may kill. When the return of the convulsions is not suspended within forty-eight hours after active treatment has been adopted, there is reason to dread either a rapid fatal termination, or a long protraction of the disease. In this latter case, if the infant do not become emaciated, there is a probability of his eventual recovery, even although he had been blind and insensible for days or weeks. In some rare cases, though the health be restored, imbecillity of mind remains. If emaciation attend the protraction of fits, the living powers at last give way.

In ordinary cases, the danger is to be estimated by the degree of violence of the fit, and by the cause which had produced it. Thus, if the cause be some irritation which is naturally of temporary duration, or which can be easily removed, a favourable event may be looked for; but if it be not obvious, it may be suspected to be some state of the brain which admits of no remedy. In many instances, where it was im-

possible to discover the cause of the fits during life, an accumulation of water within the ventricles of the brain has been found after death.

As circumstances induce convulsions during infancy, which have no such effect at a subsequent period of life, the predisposing causes of the disease have been supposed to depend chiefly, on the condition of the system previous to the appearance of all the deciduous teeth. There can be no doubt that, during all that time, the nervous system is extremely susceptible of impression, and the actions of the vascular system are very easily altered or deranged. Accordingly, it is well known that, in general, the younger the infant is, the more readily do fits occur, and that some families are more liable than others to the disease, apparently from a weak state of the nervous or vascular system being communicated from the parents.

The obvious exciting causes are dentition, mechanical injuries, acute diseases, impurities of the air, passions of the mind, indigestible or poisonous substances in the stomach or bowels, over-distension of those organs, irritations in them from acrid matter or worms, the sudden repulsion of eruptions of the skin, or of drains of long standing, and the state of the system previous to the appearance of small-pox, measles, &c. All these act by disturbing the

nervous system, or altering or deranging the actions of the vessels, and some of them probably produce both effects.

It was formerly believed that certain medicines have the specific power of curing convulsions; and, considering the credulity of mankind, and the anxiety of parents, it is not at all surprising that this opinion should be from time to time revived. Cochineal, misletoe, and musk, are the pretended specifics which have been obtruded on the public of late years.

The cochineal has been chiefly used in the cases of very young infants. Four or five grains, infused for a day in half an English pint of boiling water, to which a few grains of carbonate of potash and some sugar are to be added, is the ordinary formula prescribed. Of this, one or two tea-spoonsful, according to the age, should be given as a dose, and should be repeated every hour while the disease continues. The circumstance of this medicine having been secretly employed in a case where, under my superintendence, the most active means were at the same time used, and of the recovery of the infant having been attributed exclusively to the cochineal, led me to give a very fair trial to this medicine. The result of my experience, in some hundred cases, has been, that it is perfectly inert; but as it can do no harm, I have been often induced to recommend its use in

conjunction with the suitable powerful remedies, merely to prevent the officiousness of credulous persons from forcing it upon the notice of anxious parents.

The misletoe was so extravagantly extolled by a physician about the beginning of last century, (Sir John Colbatch) that he solemnly returns thanks to God for the discovery of so certain a cure for so alarming a malady; but experience has now proved, that it has no specific power.

Musk has been particularly recommended by Dr Underwood, and is certainly a valuable medicine in many cases, although it is by no means entitled to the high character which that author bestows on it, as it seems to have no superior power to the other antispasmodics. Of the quack medicines advertised for the cure of this disease, it may be proper to say, that, as far as I can judge, they are merely preparations of opium in disguise, and therefore the observations to be made on that medicine are applicable to them.

Since no specific cure for convulsions has been hitherto discovered, the object of the practitioner ought to be, to moderate the violence or stop the progress of the fit, and to prevent its return.

The former of those indications is to be accomplished by having the infant, while in the

fit, immersed in a large tubful of water, heated to the 96° of Fahrenheit, or to a warmth that the hand can easily bear. If, after being in the bath for a few minutes, he do not recover, such a quantity of spirits of hartshorn should be added to the water as shall render it tolerably stimulant. Should the fit still continue, a wetted feather is to be forced into the upper part of the throat, if there be any fulness of the vessels of the neck, or other evidence of threatening suffocation from oppression of the stomach; and if there be no marks of such a state, an asafœtida glyster ought to be carefully administered. In general, however, the warm bath answers the purpose of shortening the fit, and therefore it ought always to be had recourse to whenever the fit threatens.

The return of the convulsions can only be prevented by removing their causes. For the purpose of ascertaining these, it is necessary to have the infant completely stript of clothes, and to examine into every circumstance with great care. No reliance is to be placed on the accounts of the attendants, as an injury which has been the effect of negligence is never disclosed. If there be no obvious cause, the gums over the teeth which appear the most advanced, are to be divided, a brisk purgative is to be given, and the purging is to be kept up so long as the stools are of an unnatural appearance.

Where the infant has evident determination to the head, indicated by flushed face, insensibility, or frequent starting and oppressed breathing, one or more leeches are to be applied to the temple. Where suppression of some accustomed evacuation, or repulsion of a rash, have preceded the fit, a large blister should be applied. The same remedy is useful when the cause is obscure, as affections of the skin are very often found to relieve irritation of internal parts. On the same principle, and also with the view of supporting the vital powers, some external stimulant is to be rubbed over the surface (as over the ribs or back-bone) every six or eight hours. Amber oil, hartshorn and oil, or a mixture of one part of aromatic spirits of ammonia, two parts of laudanum, and three parts of olive oil, may be used for this purpose. No more than one or two tea-spoonful of any of those preparations should be applied at a time. Several instances have fallen under my observation, where external stimulants have apparently saved life, after the infant had lost the power of swallowing for two or three days. In some obstinate cases, shaving the head, and bathing it every hour or two with cold water and vinegar, in the proportion of one part of the latter to five of the former, has seemed singularly useful. Sometimes, too, fits which had continued for some days have ceased after a

blister covering the whole head had begun to discharge freely.

Opium has been much employed in cases of convulsions, where the cause of the fits was obscure. After having, for several years, been convinced in my own mind that this medicine is rather injurious than beneficial, I was induced again to give it a most impartial trial, from the recommendation of some of my senior brethren, to whose opinions I am always anxious to pay every deference. The result of this trial has been, that in no case has it ever seemed to increase the intervals between the fits; and in many instances they have been evidently shortened, and the fits have been more severe after every dose of opium. When the convulsions have been the effect of the whooping cough, great benefit has been derived from the tincture of *hyosciamus*. Twenty drops, evening and morning, have been repeatedly given to infants within six months of age. Camphor, in the form of glyster, has seemed serviceable in some few cases, but chiefly in children beyond the second year. Where great debility attends, it is necessary to remark, cordials must be directed, and if the infant cannot swallow, nourishing injections are to be exhibited every three hours.

When a child seems to be suddenly deprived of life by one or two fits, if he appeared pre-

viously in good health, he ought on no account to be considered as irrecoverably lost; but the common means for restoring suspended animation should be carefully employed, as long as his colour is not entirely changed.

SECTION XVI.

Cow-Pox.

THE facts stated in the appendix, in addition to the innumerable testimonies already before the Public, must convince every impartial inquirer of the high value of the JENNERIAN discovery. If children, exposed freely to the infection of natural small-pox, and inoculated carefully with small-pox matter, at the distance of eight years after the period of vaccination, escape entirely that loathsome disease, it cannot be doubted that cow-pox prove a certain preventive of the small-pox. These positions are in the appendix satisfactorily proved by Mr BRYCE, whose integrity and talents are too well known to require any eulogium. Two circumstances, however, frequently perplex anxious parents, which it may be proper to notice in this work.

The first relates to the evidence of the cow-pox having affected the constitution, or, in popular language, being genuine. This, it must be admitted, is a subject of the utmost importance, as there can be no doubt that many in-

dividuals supposed to have been duly vaccinated have afterwards been infected with small-pox. Advantage has been taken of such cases by those whom selfish considerations have led to decry vaccination; and the difficulty of distinguishing, in many instances, the *true* from the *spurious* cow-pox, or that constitutional affection which secures the individual against the contagion of the small-pox, from that local disease of the arm, which, though it gives no such security, follows the puncture of a lancet charged with vaccine matter, is certainly the only plausible argument which can be urged against the practice. That a minute attention to the progress of the disease may enable an intelligent practitioner to determine this point, may be true, without being satisfactory to every parent; for all practitioners cannot be supposed equally attentive and intelligent. Indeed, if inoculation for the cow-pox were confined to intelligent and attentive practitioners, it would be of great importance to society; for much mischief has certainly accrued from the indiscriminate introduction and encouragement of the practice.

Happily for mankind, a sure test has been found out, not by chance as the original discovery was made, but by rational induction from analogy. Mr Bryce, surgeon here, recollecting, that, in the inoculation for small-pox, experiments had been instituted, by which it

had been ascertained, that punctures made every day till the fever induced by the first operation began, advanced so quickly in their progress from that period, as to be all in the same state of maturity, within twenty-four hours from the occurrence of the fever, concluded that the same must happen in cow-pox, whenever the constitutional affection takes place. This theory he put to the test of experience, and found it completely confirmed. The result of his varied and extensive observations on this subject has been, that when the second inoculation is performed, at the end of the fifth or beginning of the sixth day, provided the first advance in the regular manner, the progress of both goes on equally from the seventh or eighth day, the one being the miniature representation of the other, if the constitutional affection have actually occurred. But if it have not, that the second puncture advances as the first should do, in which case a third is to be made at the end of the fifth day, or between thirty-six and forty-eight hours before the expected appearance of the areola of the first puncture, and so on till the two inoculations of the different periods correspond regularly in progress and decline.*

This is not a negative proof, like all the

* See Practical Observations on the Inoculation of Cow-pox, by James Bryce, 2d Edit.

others hitherto proposed ; for if the second puncture take effect, it is quite infallible ; and as the virus is to be employed while in the highest state of activity, and is to be immediately transferred from the one arm into the other, if it should fail, the operator must be very awkward or very careless.

The value of this discovery, which ascertains a point of such importance beyond the possibility of doubt, can only be *appreciated* by those who can judge of the subject, but may be beneficial to all.

It must be unnecessary to remark, that on so interesting a subject, no human precaution can be superfluous, and, on this principle, children already *vaccinated in the ordinary way*, should be again vaccinated carefully ; and if the infection take place, Mr Bryce's plan should be followed. Inoculation with the small-pox has been recommended as affording the better security, but as certain hazards may, in many families, result from this practice, the former must be the preferable, as it is the safer method.

The other circumstance, in regard to vaccination, which is often apprehended, is the occurrence of obstinate or ugly eruptions on the skin. For this apprehension, however, there is no reason, in as far as I can judge ; and I am conscious that I have attended to the subject with the utmost impartiality. All the affections of the skin, supposed to have been the effects of the

cow-pox, that I have witnessed, were diseases with which physicians were familiar long before Dr Jenner and his discovery were ever heard of; and no unprejudiced practitioner has ever ventured to assert, that any new eruption of the skin has appeared since vaccination became general.

It would be inconsistent with the object of this work to give any directions for the treatment of cow-pox. The valuable treatise of Mr Bryce may, with great confidence, be referred to. It is proper, however, to mention, that I have seen two cases in which erysipelatous inflammation, extending over the whole arm, shoulder, and part of the back, followed the scab, although the disease had gone through its usual course, and that both infants recovered.

CHAPTER II.

DISEASES OF CHILDHOOD.

CHILDHOOD extends from the period at which all the milk teeth are protruded above the gums to the age of puberty. During all that time, the growth of every part of the body is progressively advancing; the several limbs are acquiring increased activity and strength; the various secretions and excretions are gradually altering in their appearance and nature, and the organs of the senses, and the faculties of the mind, are improving in power and in energy.

While those important changes are going on, the bones acquire additional strength and size, the ligaments and muscles become firm, the cellular membranes and skin more dense, the action of the heart and arteries less frequent, the respiration more slow, the nervous system less susceptible of impression, and the sympathy between the skin and the internal parts less considerable.

The milk teeth begin to drop out or to be shed, as it is called, from the fifth to the

seventh year, and the cutting of the permanent teeth goes on till the twelfth or fourteenth, by which time twenty-eight teeth are above the gums. The wisdom teeth, which complete the number, are, in many instances, not added till between the twentieth and thirtieth year. The milk teeth are shed by the simplest possible cause, for the pressure from the enlargement of the second set, occasions both the roots of the milk teeth, and part of the cells in which they had been contained, to waste or to be absorbed, so that they become loose and drop out. It is a popular notion that the grinders are not shed, but this has arisen probably from their being rendered so thin previous to their separation, that they are imperceptibly swallowed with the food or while asleep. The following is the order in which the permanent teeth generally appears. First, the middle fore teeth of the lower, and the same of the upper jaw; secondly, the lateral fore teeth, and soon after, the anterior grinders of the lower jaw; thirdly, some time commonly now intervenes, and then the corresponding teeth of the upper jaw are cut; fourthly, the anterior bicuspidati of both jaws come out about the ninth year, and about the tenth or eleventh, the posterior ones; and lastly, about the twelfth or fourteenth year, the cuspidati or eye teeth, and the central grinders are protruded all about the same time.

The wisdom teeth, as already mentioned, do not appear for several years after this. From the above order of succession there are many exceptions, as children often cut their permanent teeth very irregularly.

SECTION. I.

Ordinary Management of Children.

OF the importance of attending to the ordinary management of children no one can doubt, and yet there are few duties more neglected. Ignorant or selfish persons are often entrusted with a charge, which would afford to the opulent and idle the most useful and agreeable occupation, and to the industrious and active part of the community, the most gratifying recreation. In this work it would be improper to dwell minutely on this subject, and therefore a few very obvious hints are all that can be attempted.

Cleanliness.—This should be inculcated as a duty from the earliest period, as nothing can contribute more to content of mind and health of body. On this account the child ought to be taught the utmost cleanliness of person, not only by frequent ablution in general, but also by minute attention to the state of the hair, nails, and teeth. There can be no doubt that

many of the diseases of children in the lower ranks are owing entirely to neglect of cleanliness.

Cloathing.—In this climate the cloathing should never be so heavy as to render ordinary exertions fatiguing, but it ought to be calculated to retain heat. The attempts to rear children in a hardy manner, by allowing their legs to be bare, and other parts of the body to be much exposed, have proved most unsuccessful, having, in many instances, stunted or perverted the growth, and, in some cases, absolutely destroyed life, by inducing inflammation of the bowels or lungs. It is unnecessary to add, that cleanliness in the dress is indispensable.

Food.—The change of diet, after weaning, should be introduced gradually. Preparations of milk, of eggs, of vegetable and animal jellies, should precede solid animal food. During childhood the diet should be varied, and the proportion of vegetable and animal matter should be adapted to the constitution of the individual. The indiscriminate use of slops is most injurious, as it certainly increases the tendency to scrofulous complaints. No other condiment than salt seems necessary, and all fermented liquors, except small beer or spruce beer, are pernicious.

Sleep and Exercise.—For the first two years of life a good deal of sleep is required, but, after that time, from eight to ten hours are sufficient. It is of the utmost importance that the bed-chamber be well ventilated; and therefore the practice, in many boarding schools, of crowding several children into one sleeping room, cannot be too much reprobated.

Exercise of the body and mind is fully as essential to the child's health as suitable nourishment. Not only ought all the amusements to be calculated to promote this, but even the studies should be subservient to the same purpose. Children have an ardent curiosity, a most retentive memory, and a strong propensity to, as well as a great power of imitation. Those circumstances prevent their being capable of patient attention to one object for any length of time, and explain the perpetual restlessness, levity, and caprice, which form the characteristics of that age. In regulating the exercise of the mind and body, those natural dispositions should be invariably kept in view. It may be truly said, that many facts relating to mechanics and to natural history may be communicated with advantage to young children. It is easy therefore to contrive variety of occupation for their minds, and, at the same time, to afford them a good deal of bodily exercise in the open air, without allowing them

to acquire those habits of idleness and of sauntering, which are sometimes with so much difficulty eradicated.

SECTION II.

Local Diseases.

Ear-ach—Is a very common and a very painful complaint. Its progress may often be checked by means of a large poultice of bread and milk, with a little fine oil, applied as warm as the child can bear, and renewed every three or four hours, till the pain be relieved, and of a brisk purgative. Where the child has had repeated attacks of this disease, a little warm oil and laudanum should be dropt into the ear before the poultice be applied. If suppuration follow, some warm milk and water ought to be carefully injected by a syringe into the ear three or four times a-day. In some cases, a discharge of what seems purulent matter, having a most offensive smell, continues for weeks, or even for months, attended with partial deafness. There is reason to suspect that, in general, this discharge is a diseased condition of the ear-wax, and on this account detergent or astringent washes might do great harm. The frequent injection of milk and water, as in the former case, a succession of blisters on the back,

applying a fresh one whenever the former one shall have healed (which is better than a perpetual blister), and some tonic medicines, such as filings of iron covered with sugar, or wine of steel, are to be directed.

Burns.—In many constitutions, burns or scalds, which seem at first quite trifling, become, from mismanagement or neglect, most troublesome sores, leaving ugly marks, or even undermining health. All parents ought therefore to be acquainted with the following most simple and efficacious means of treating them. If the scarf-skin be not removed, cold vinegar (the stronger the better) should be immediately applied to the parts affected, by means of linen rags soaked in it, which are to be kept constantly wet; and, notwithstanding the aggravation of agony occasioned by this application, it is to be continued till the pain abate. In some irritable children, it is necessary to give a large dose of opium, in order to enable them to bear it, and, provided a brisk laxative be directed within a few hours, no harm can follow the opiate. When blisters arise on the burned part, they are to be opened before the fluid within them concretes, and to be covered with any unctuous substance to defend them from the acrimony of the vinegar. Where the scarf-skin is removed, a rag dipt in a mixture of equal parts of lintseed oil and lime water, is

to be first put on, and above that the vinegar should be applied.

The treatment, when sores follow burns, must be varied according to circumstances. If they be superficial, and so situated that it is of consequence to prevent the possibility of a mark or scar, the best application is the old neglected *unguentum nutritum*, put on several times a-day by means of a fine hair pencil. Where the sores are extensive, seem deep, and discharge copiously, they should be covered evening and morning, or more frequently, according to the exigency of the case, with a mixture of powdered camphor and chalk, over which a large emollient poultice of bread and milk, as warm as can be endured, ought to be laid.

Chilblains.—In some children, the delicacy of the skin is such that no ordinary means can prevent chilblains. In the majority of cases, however, the usual precautions of making the child wear leather, or oiled silk gloves and socks, of never allowing him to sit for any length of time with wet feet, nor to approach the fire when his feet or hands have become torpid with the cold, are quite sufficient.

Slight degrees of chilblains may be readily cured by applying to the affected parts any stimulating liquid, as camphor dissolved in oil of turpentine, or spirits of wine, or the common

Riga balsam, and keeping them well covered, so as to prevent the access of cold. A very elegant form of stimulating application has been employed successfully, where other means have failed, by one of my professional friends. It is a mixture of one part of the aqua ammoniæ with three parts of the tincture of soap.

The violent degrees of chilblains, which, in this climate, seldom occur in any other than the lower ranks of society, resemble burns in their appearance and consequences. This explains a fact which has been reported to me on unquestionable authority, that the continued application of strong vinegar, in some cases where sailor boys were quite lame from this cause, completely cured them in four or five days. The ordinary sores which follow chilblains yield to any slightly stimulant dressing, such as one part of the oil of turpentine to four parts of basilicon ointment.

Warts.—If attended to at the beginning, these may be readily removed, by being wetted four or five times a-day with a saturated solution of sal ammoniac (muriate of ammonia), which is the only caustic application that can be used with safety by others than professional men.

Squinting.—When this is an effect of some acute disease, it ceases with the other symptoms, and requires no particular attention; but,

when it is unconnected with general health, it merits the most unremitting care, because the deformity may be certainly cured, or greatly palliated. As the most simple means may be employed for this purpose, there can be no excuse for negligence.

In infants the eye which squints should be artificially closed for some weeks, according to the effect, or a patch of bright coloured silk should be applied daily (varying the colour occasionally) on the nose or temple next the affected eye, according as the squint is outwards or inwards. This method has been much recommended by Dr Underwood. Young children who squint should be made to wear constantly, for many months, light wooden goggles, so nicely fitted as to prevent their seeing with both eyes; unless the pupils of both be directed straight forwards. Should this prove of no avail, the sound eye may be tied up, while the same kind of goggles are continued.

If a child be conscious of squinting, which is sometimes the case at an earlier age than might be suspected, or if the habit have been acquired from imitation, a cure may be certainly accomplished, by having the child constantly watched, and inflicting, or threatening a severe punishment every time he is caught squinting. This method has diminished the deformity, in many instances, where the habit

had been established for too long a period to be completely eradicated.

Affection of the hairy scalp called *Ringworm*.—This disease begins like a dry scurf in one or more spots on the head, destroying the hair of the part; by degrees it spreads over the scalp, and forms scabs. It is highly infectious, and, when neglected at first, proves one of the most obstinate local affections. This has led some practitioners to suppose it connected with diseases of the general system, and others to suggest the most barbarous methods of treatment, such as extirpating the hair with tweezers, or with a pitch cap, &c. It is quite different from the scald head, and its connection with ringworm is proved by that eruption appearing occasionally upon the brow, or hands, or wrists.

The slight or incipient degrees of this disorder may be readily cured, by having the affected parts bathed every night with hot vinegar, and afterwards rubbed with the mild citrin ointment. In cases of long standing, the head must be kept shaved, and anointed for a number of nights, proportioned to the virulence of the affection, with the ointment called *unguentum ad scabiem* prescribed in the *Pharmacopœia Pauperum* of Henry Banyer. In some cases, where the child is delicate, it is necessary to mix it with an equal part of simple cerate, and sometimes its use must be alter-

nated with that of basilicon ointment. Many cases of the disease have been cured by those means, where the sulphur, the tar, and the ordinary mercurial ointments, lintseed oil and lime water, a strong infusion of tobacco, and several other powerful stimulating applications had failed. It is always proper, in every case, to regulate the diet, and to direct a brisk opening medicine to be given every third or fourth day.

SECTION III.

Bowel Complaints.

Vomiting—precedes many febrile and inflammatory diseases of children, and is to be regarded as a symptom depending upon some affection of the general system, if it be accompanied with any evidence of fever or pain. The method to be pursued, under such circumstances, is included under the several disorders alluded to. But sometimes it is the effect of some indigestible substance pent up in the stomach. This may be suspected if the pulse be natural, the appetite impaired, and the thirst considerable, while the vomiting remits and recurs. Pieces of cheesy matter, apparently formed from milk that had been swallowed weeks before; have been sometimes found to

have produced all the irritation in such cases. Ipecacuan vomits are the obvious remedies.

Looseness.—Where this does not happen after some disease, which had previously diminished the energy of the system, it is of little consequence, and ought not to be suddenly checked. An emetic, followed up by a dose of rhubarb and magnesia, or some preparation of chalk, or some of the neutral salts, or, in some few cases, small doses of calomel and opium, with a suitable regulation of the diet, should be prescribed.

Costiveness.—This is sometimes an accidental occurrence, in consequence of inattention to the diet, or exposure to cold, and is readily removed by the ordinary means. But in some cases it is a chronic disease, which steals on gradually, attended with loss of appetite, pasty colour of the countenance, constant itching of the nose, fetid breath, grinding of the teeth during sleep, flabbiness of the flesh, unwillingness to make any exertion, and swelling of the belly.

If these symptoms be neglected, a number of very distressing complaints follow; such as excessive thirst, urgent fever aggravated towards night, violent pain in the head, occasional delirium, inability to articulate, constant picking of the nostrils or lips, or even of the eyes, and involuntary gesticulations, approach-

ing to or imitating convulsions. Those different complaints which are variously modified in different cases, have been very accurately described by Dr Butter, under the title of the infantile remittent fever. Their duration is more variable than he has supposed, but their gradual abatement, as the child becomes convalescent, has been minutely and faithfully detailed by that author.*

The former degree of this complaint can be distinguished without difficulty, but the latter so nearly resembles complicated fevers, or affections of the head, that the most experienced and attentive practitioner is sometimes at a loss to ascertain the true nature of the case. The appearance of the countenance, the nature of the stools, and the state of the pulse, are the chief marks of distinction.

There can be little doubt, that neither the mere accumulation of the stools nor the torpor of the bowels on which that appears to depend, can explain the various symptoms produced by this condition of the digestive organs. There is every reason to suppose that there is an altered action, not only in the stomach and intestines, but also in the liver and lacteals, perhaps in all the parts concerned in the digestion of the food. When this has continued for a certain

* A Treatise on the Infantile Remittent Fever, by William Butter, M. D. &c. 1782.

time, the accumulation of acrid matter, which is the consequence, adds greatly to the irritation, and while all this is going on, the circulating juices become depraved.

In the treatment of those cases, the great object to be aimed at should be, to alter the morbid actions of the digestive organs, and to palliate the distressing symptoms which attend. The former of these is to be accomplished by the use of powerful and varied purgatives, in much larger doses than were formerly prescribed. Calomel, rhubarb, aloes, gumboge, jalap, senna, cathartic extract, and castor oil, may in some cases be severally necessary. The doses are to be given every six or eight hours till they operate, and their effects are to be kept up by varying the medicine till the stools discharged be of the natural colour and consistence. The quantity of vitiated feculent matter which is sometimes thrown off before this favourable change takes place, can scarcely be imagined. On this subject the observations of Dr Hamilton, senior, in his valuable publication on the use of purgatives, confirm what I had been accustomed to mention in my lectures for several years before he published.

Where the disease is in the mild degree described above, it gives way in a few days to this treatment, and all that is further required is some tonic medicine, which shall strengthen

the stomach and bowels, together with a due regulation of the diet, and occasionally a purgative at bed-time. Preparations of iron are found the best tonics in those cases, and there are two forms in which children readily take that mineral, viz. the filings covered with sugar (sold by the confectioners in this city under the name of steel carvy), and wine of iron. The dose of the filings should be a tea-spoonful once or twice a-day according to the age; that of the wine, a table-spoonful.

But where the disease has been of long standing, or where it is accompanied by the febrile and other symptoms already enumerated, the mere exhibition of laxative medicines proves of no avail, as they are either rejected by vomiting, or remain inert in the stomach and bowels. Under those circumstances, the belly is to be fomented every six or eight hours by means of flannels wrung out of a hot decoction of chamomile flowers, after which some stimulating substance, such as the *ol. ammoniatum*, with opium or camphor, should be carefully rubbed all over its surface. If the torpor of the bowels still resist the purgatives, small doses (as a grain) of calomel, combined with extract of hyosciamus or opium, should be given every six hours, and a solution of aloes in a strong decoction of senna, to which some salt or castor oil are to be added, ought to be occasionally exhi-

bited as a glyster. In some cases, antimonial preparations, combined with the mercurials and opiates, have relieved all the symptoms very rapidly.

During the progress of convalescence, suitable nourishment, with a moderate allowance of wine, asses' milk, preparations of myrrh and steel, the warm bath, particularly with sea water, and country air and exercise, are to be advised.

Falling down of the Gut.—This is a common effect of bowel complaints, and seems to consist in a relaxation of the straight gut, with, at the same time, a spasmodic stricture of its sphincter. It is generally of temporary duration only, and is easily replaced by slight pressure. Nurses commonly apply a piece of woollen cloth for this purpose, but a better plan is to lay the child upon his face, to separate his thighs, and then to press together both his buttocks. If those means fail, it becomes necessary to introduce the fore-finger, previously greased, into the gut, to remove the stricture from the sphincter. This is a more safe and speedy method than the application of astringent substances to the protruded parts, which might irritate or inflame them. With the view of preventing the frequent recurrence of this most unpleasant, though not dangerous complaint, all irritations of the bowels ought to be

guarded against, the bottom should be dipt twice a-day into a tubful of cold water, in which a red hot iron had been repeatedly quenched, and the child ought to be made to sit regularly on a firm hard seat.

SECTION IV.

Worms.

THREE species of worms chiefly infest the human intestines, viz. what naturalists call the tenia, the lumbricus, and the ascaris; as the first of these is very rarely met with in children in this climate, it is unnecessary to offer any observations on it. The lumbricus resembles, in general appearance, the earth-worm; but when minutely examined, is discovered to be perfectly different in structure. The ascaris is a small white worm, like a piece of ordinary sewing thread, not exceeding an inch in length. The lumbrici have been found in every part of the alimentary canal, but chiefly in the small intestines. The ascaris is generally confined to the straight gut.

The origin of these worms is involved in much obscurity. As they cannot live in any other situation than in animal bodies, it is not probable that they originate from ova taken in with the food, and it is still less probable that

they are the product of putrefaction. That particular articles of diet favour their increase is a prevalent belief.

The symptoms commonly enumerated as arising from the presence of *lumbrici*, are sallowness of the complexion, dulness of the eyes, frequent pain in the head, swelling of the nostrils and upper lip, excessive itching at the nose, grinding of the teeth during sleep, fetid breath, irregular appetite for food there being sometimes a loathing and at other times a most urgent craving, occasional sickness, swelling of the stomach and bowels, frequent fits of griping, disturbed sleep and frightful screamings during the night, short dry cough, wasting of the flesh, and reduction of strength. Convulsions and irregular fevers, sometimes imitating very nearly the symptoms of water of the head, have also been alleged to indicate the same cause. But as *lumbrici* have appeared in the healthiest children, many most respectable practitioners ascribe all those symptoms to indigestion, and to the accumulation of acrimonious matter in the intestines. Some have improved upon this idea by asserting, that worms answer the useful purpose of consuming what is superfluous or acrimonious in the food.

When this subject is impartially considered, however, it will appear that there is more reason for the popular opinion than many practi-

tioners have thought. If ascarides in the straight gut by their irritation disturb other parts of the intestines, which, it is presumed, will not be denied, it can scarcely be doubted that lumbrici affect the parts in which they are placed. Accordingly, in many instances, a lumbricus has been found in a portion of the gut that had been introsuscepted, and in one case (in a child of six years of age) delirium and convulsions took place for above two days, till two lumbrici were vomited from the stomach, on which all irritation ceased. Many of the symptoms occurring where there are lumbrici, are owing entirely to an impaired or diseased condition of the stomach and bowels; but that this may have been originally occasioned, or may be greatly aggravated by the irritation of the worms, is indisputable; and it is probably the difficulty of distinguishing this from the other causes of indigestion which has led to the controversies on this subject.

Since it is impossible to point out with precision, the marks by which the presence of lumbrici may be ascertained, it is fortunate that the practice proper in cases of indigestion, is the best which can be adopted at first, in those where all the complaints have been excited by worms. In the early stages, that is, when children begin to droop, to feel tired after the most trifling exertions, to lose their appetite for food, and to

shew signs of irritation in the stomach and bowels, one or two doses of brisk purgatives, followed by a course of any tonic, such as the worm crude, chamomile flowers, preparations of iron, &c. are all that may be necessary.

But where the complaints have become alarming and complicated, along with the means already recommended for those cases which have been styled by Dr Butter the infantile remittent fever, medicines calculated to poison the worms should be prescribed. Of these the most efficacious, according to my experience, are calomel, gumboge, and sea salt or neutral salts combined with sulphur. To these Dr Parr, in his Medical Dictionary, a work containing a collection of practical observations, for value and extent unequalled in any language, has added the helleborus fetidus, which he considers as a specific for the destruction of worms. Much larger doses of these remedies than are usually advised should be directed. It is in this respect alone that the patent worm medicines are so much superior to the prescriptions of regular practitioners.

Ascarides may be suspected if the child have frequent cholic, with excessive itching about the extremity of the gut. Sometimes, too, they produce retention of urine. The ordinary means for the expulsion of those worms are stimulating glysters, such as a strong decoction

of chamomile flowers with salt and castor oil, or a quantity of aloes suspended in cow-milk or mucilage of gum arabic, to which salt and castor oil are to be added, are usually efficacious where they can be exhibited. But children are so restless from the second to the fifth year, that they can seldom be prevailed upon to submit to this practice. In such cases, a large dose of aloes in fine powder with a small proportion of calomel, given every third or fourth night, seldom fails to answer the purpose most effectually.

SECTION V.

Fevers.

THE common low fever sometimes prevails as an epidemic among children. It begins more frequently with marks of languor and fatigue than with a distinct chilly or cold fit. Sickness at stomach, too, is an ordinary occurrence at the commencement. The increased heat, thirst, pain in the head and back, and restlessness, soon follow. Within thirty-six hours there is, in the greater number of cases, a more remarkable remission than is usual in grown persons affected with the same disease; and this remission recurs every twenty-four hours, though in a less evident degree, till the termi-

nation of the fever. The exacerbation which corresponds, is equally remarkable at first.

If the fever do not abate on the fourteenth, it is apt to last till the twenty-first or twenty-eighth, or even the thirty-ninth day. Where it is much protracted, insensibility, with incapability of swallowing, sometimes occurs for a considerable time before the crisis; and after the original disease has ceased, there is always hazard of hectic fever or dropsical complaints succeeding.

Any detailed view of the causes and cure of low fever, would be misplaced in a work of this kind; all that should be aimed at being a few hints.

On the first appearance of indisposition, a large dose of ipecacuan, to produce full vomiting, should be given; and, as soon after as the stomach can retain it, some powerful laxative medicine. If these means do not relieve or prevent the dry burning heat of the skin, the whole surface is to be sponged with cold water, to which a little vinegar ought to be added, and the child may be allowed to drink as much of any cooling liquor as his thirst prompts him to do. If the remission happen after this treatment, diluted wine, in a quantity proportioned to the state of the individual, very often has the effect of preventing the return of the fever. But if there be fixed pain in any particular part,

or any tendency to bleeding at the nose, the application of one or two or more leeches ought to precede the cold aspergion. When the first symptoms have been neglected, while the seventh day has not passed, the emetic cannot be advised, but the other means are to be employed.

If the fever be protracted, the chief circumstances to be attended to are, the most scrupulous cleanliness, sponging the surface whenever the heat is unequivocally greater than natural, due ventilation, with sufficient coolness of the air of the apartment, regular supply of cooling drink, such means as shall procure one or two or more dejections daily, and whenever the low stage begins, supporting the strength by the liberal use of diluted or pure wine, and by a succession of blisters, if the living powers sink greatly.

When considerable oppression, tendency to vomiting, or much restlessness with great frequency of the pulse, and hot skin with a parched tongue take place pretty early in the course of the fever, some antimonial preparation joined with calomel and jalap or aloes has been found to occasion the free discharge of a great quantity of bilious matter which had resisted other means, and to produce a very unexpected and rapid cessation of all the alarming symptoms.

In cases of long protracted fever, when the child seems quite torpid and apparently exhausted, nourishment should be supplied by injections of beef-tea, wine and milk, or panada and wine frequently repeated. Parents ought to be encouraged never to lose hope on such occasions, as many recoveries have happened where the most eminent practitioners had despaired. Frequent trials ought to be made to ascertain when the power of swallowing is restored, for it has often been found that children could be made to swallow when the attendants had relinquished all attempts at giving food by the mouth. Blisters to the extremities, or sinapisms to the soles of the feet applied for a quarter of an hour at a time, sometimes seem to rouse the vital powers after they have been supposed nearly extinct.

Whenever convalescence begins, the same precautions are to be adopted as after the decline of eruptive fevers. If considerable debility of the mind remain, notwithstanding the recovery of bodily strength, country air and exercise, with cold bathing, are to be directed. Although many months, in some instances, have elapsed before there was any perceptible improvement in the mental powers, yet at last the child has regained the full use of its faculties.

SECTION VI.

Epilepsy and St Vitus's Dance.

Epilepsy.—This is distinguished from the symptomatic convulsions, which are the effect of irritation, of terror, of blows upon the head or other parts, of water in the head, or of feverish disorders, by the suddenness of the attack, the previous history of the child, and the restoration of the usual state of health a very short time after the cessation of the fit. The progress and event of this disease are so various and uncertain, that it is quite impossible to form any accurate conjecture respecting them in any given case. In some individuals the convulsions become more and more frequent, the energy of the mind decreases in proportion, the countenance assumes a marked appearance of stupidity, fatuity at last takes place, and the strength is at last exhausted. In others, the fits happen only now and then, chiefly during the night, or after fatigue or excess of any kind, the senses and the bodily health remain entire, and towards puberty the disease ceases entirely. On some occasions, the child, after having had convulsions several times a-day for a considerable time, suddenly becomes well.

The causes of epilepsy are extremely obscure. In some children very trifling circumstances

produce it; such as constipation, worms, fatigue, anxiety, and irregularities of diet; while the occurrence of the same circumstances, even in a greater degree of violence, in other individuals has no such influence. That the disease depends upon some peculiar condition of the nervous system cannot be doubted, but what that is has not yet been satisfactorily explained.

With regard to the method of cure, many of the observations already detailed, on the subject of the convulsions of infants, are equally applicable to the epilepsy of children. The indications to be kept in view are, to remove or prevent the exciting causes if these be manifest, and to improve the general health. Where the exciting causes are obscure, a continued course of purgatives, occasional blisters, issues by means of a seton, and the various antispasmodic and tonic medicines, such as valerian, asafoetida, musk, opium, hyosciamus, and the different preparations of iron, copper, silver, or mercury have been recommended. The mistletoe, foxglove, and even arsenic, have been tried, and occasionally extolled. Of the utility of all of those medicines in different cases ample testimonies have been exhibited, and yet every candid practitioner must own, that cases from time to time are met with where every remedy proves of no avail. It is however a duty to make every possible effort to arrest the progress

of so deplorable a complaint, and the unexpected recoveries sometimes witnessed should encourage practitioners to persevere, and parents not to despond. If the mental faculties remain unimpaired, much may be done in lessening the frequency of the fits, by a proper regulation of what are styled the non-naturals.

St Vitus's Dance—is the name given to involuntary gesticulations of the face and limbs, which cease entirely during sleep. For an accurate description of the progress and cure of this disease, the reader is, with great confidence, referred to the work on purgatives of Dr Hamilton, senior.

It was well known to practitioners, that when those irregular convulsive affections occurred during the febrile disorders of children, they were occasioned by irritations of the stomach and bowels, but Dr Hamilton, senior, was the first physician in this city who discovered that the same cause produces the chronic disease. Dr Underwood hints at this, and Dr Parr of Exeter had adopted the same idea above twenty years ago, and has mentioned, that the plan of giving repeated and powerful purgatives had succeeded in fifty-nine out of sixty cases. The coincidence on this subject between practitioners situated at such a distance from each other, affords a most satisfactory evidence of the efficacy of the practice.

CHAPTER III.

DISEASES COMMON TO INFANTS AND CHILDREN.

IN the two former chapters, the term *infancy* has been applied to the period which intervenes between birth and the complete protrusion of all the milk teeth, and that of *childhood* has been understood to comprehend the remaining years which precede puberty. Of the diseases described in those two chapters, some have been included under one of them, though they are occasionally met with both in infants and children; and in this chapter some disorders are detailed, to which adults as well as children are liable. This is done chiefly because the treatment of such complaints should be very different in children and in adults; what has been found most successful in the latter, proving in some instances most injurious in the former.

SECTION I.

Anomalous Eruptions of the Skin.

BOTH infants and children are liable to eruptions of the skin, of various forms and appearances, of which it is impossible to convey an accurate idea by mere description. Dr Underwood has, in this respect, done all that a perfect knowledge of the subject, and that language the most intelligible, by being divested of technical terms, could do, and yet it is believed that few practitioners even, can recognize many of the eruptive disorders which he has enumerated. In fact, the delicacy of the skin of infants and children, subjects them to eruptions from very slight causes, and those eruptions assume various forms, apparently in consequence of the original constitution of the individual.

Some eruptions resemble measles, others are more like small-pox in some of its stages, some have the appearance of nettle-rash, and others of what has vulgarly been called scurvy, and technically herpes. The appearance of some of them is preceded by symptoms of general indisposition, while that of others takes place without any previous warning. A few occur after some febrile or inflammatory affection of the system, and seem to be critical. Many of them are only of temporary duration; others

continue for weeks or months. Several of them occasion no distress after they appear, others keep up a constant degree of irritation till they decline.

All those eruptions, however different in appearance, may be divided into two classes, viz. those of a temporary, and those of an indefinite duration. The former are commonly ushered in with symptoms of general indisposition, the latter break out gradually without any derangement of the ordinary health. The former are owing to some disorder of the stomach or bowels, or some interruption of the usual excretions or secretions. The latter are probably, in most instances, the effects of some diseased condition or action of the lymphatic system, though sometimes they may be occasioned by a local affection of the skin itself.

This distinction is made for the purpose, not of aiming at the vain parade of science, but of explaining the practice. Where symptoms of indisposition, such as heat, restlessness, sickness or oppression, are followed by an eruption, a dose of calomel that shall both vomit and purge, together with the warm bath, should be first prescribed, and afterwards occasional purgatives and a suitable regulation of the diet are to be advised. But where the appearance of the eruption is unaccompanied by fever or marks of indisposition, some of the medicines called

alteratives, and the daily use of warm bathing, particularly in sea water, should be recommended.

The medicines supposed to have an alterative power are, preparations of mercury, of antimony, of sulphur, and of neutral salts, and therefore, calomel in very small doses, or antimonial wine, or the sulphuret of antimony, or Harrowgate or Cheltenham waters, or some imitation of these, are the remedies to be chiefly depended upon. It is commonly necessary to order a protracted course of those medicines. In some cases, other topical applications (besides the warm bath) are required, to allay the irritation, arising from the excessive heat and itching of the skin. The most efficacious are, lime water mixed with oil, a solution of potass, and the acetite of ammonia much diluted. The metallic solutions are too powerful to be employed, except upon very particular occasions. Issues have been often employed in those cases, but experience has proved that purging answers better. Very distressing effects have followed the application of a blister where there was a tendency to chronic eruptions of the skin.

SECTION II.

Glandular Affections.

INFANTS and children are liable to swellings both of the external and the internal glands. The external ones most commonly affected are those of the neck or throat, and of the groins. Of the internal, the mesenteric are more frequently swelled than any other.

When a smart feverish indisposition is followed by a considerable enlargement and swelling of the glands on both sides of the jaw, which occasions a slight difficulty of swallowing, the disease is called the *mumps*. Generally the febrile symptoms abate when the swelling takes place, and this latter does not subside for several days. If, by exposure to cold, it suddenly cease in males, a swelling of the testes follows.

There is reason to suppose the mumps to be contagious. It is, however, a harmless disease. Little else is required, than keeping the swelled parts warm by means of flannel, enjoining a vegetable diet, and directing a purgative to be given every third or fourth day. Frictions have never seemed useful, and have certainly, in some constitutions, proved most injurious.

A sudden swelling of one or more glands of the neck or throat, accompanied by increased

heat, thirst, pain, and restlessness, often occurs during teething, or after exposure to cold, or where there is some irritation on the skin of the head, or neighbouring parts. In some instances it increases rapidly, its surface becomes red and shining, and it feels soft, as if matter were actually formed in it; and, notwithstanding all these appearances, suppuration does not follow. In other cases, the skin breaks, and the progress is that of a superficial boil. Such swellings are not to be regarded as scrofulous, even where the child has a hereditary tendency to that disease. A few doses of brisk purgatives, and an emollient poultice to allay pain, are the best prescriptions. Some parents object to the latter means as contributing to occasion humour, as it is termed, but experience has now proved that the timely application of a warm bread and milk poultice, more certainly, on many occasions, checks the progress of inflammation than any of the astringent solutions formerly in such general use.

Scrofulous swellings of the glands commonly begin gradually and imperceptibly, advance slowly, and, for a long time, are not painful even to the touch. After a certain period they evidently contain a fluid, but this is formed without any of the circumstances which usually attend suppuration. The skin (where the natural progress is allowed to go on) grows

thin, and becomes discoloured and ulcerated, a sanious or ill conditioned discharge follows, and when the glands do heal up, which often is not till after a long time, ugly scars remain. In many cases, such swellings afford the first evidences of the tendency of the individual to scrofulous complaints. But sometimes thickness and tenderness of the eye-lids, swelling of the upper-lip, and enlargement of the belly, take place before any swelling of the glands appears. The complications of this disorder are so numerous and so various, that a particular detail of them, with an explanation of the treatment, would fill a volume. A few hints are all that can be offered in this work.

The progress of scrofula, when it has once begun in any individual, is always most uncertain. The skin, the ligaments, and the bones, may become successively affected. Sometimes soft circumscribed swellings of the skin, evidently containing fluid, suddenly arise in different parts, especially about the shoulders or extremities. In some instances these subside as rapidly as they had occurred, and one or more of the joints become affected, or violent cough with hectic fever, or dropsical affection of the belly, take place. Sometimes several little hard lumps, which occasion no pain, are seen on the skin. These gradually increase in size, grow soft and discoloured, and at last sup-

purate. In many cases different modifications of the disease occur successively in the same individual, and undermine the health. It very often happens, too, that scrofulous sores which had resisted for years every plan of treatment, heal up spontaneously at the period of puberty. Much danger is always to be apprehended where the hip-joint or knee are diseased, but large pieces of the bones are frequently affected without destroying life.

On the nature of scrofula much has been written, though very little that is satisfactory has been ascertained. That the tendency to the disease is, in general, derived from the parents, is an unpleasant truth, which medical men are sometimes unwilling to state. But that scrofulous affections can never happen unless there be some hereditary taint, has been assumed perhaps on too slight grounds. Every practitioner must have met with cases where long protracted low fever has induced a liability to such complaints, where not only there had not been previously any marks of a scrofulous constitution in the individual, but also where the parents had not the most trifling vestige of that disease. Some isolated facts, established on the evidence of practitioners of the first respectability,* seem to prove, that the

* Treatise on Scrofula by James Russell, Fellow of the Royal College of Surgeons, and Professor of Clinical Surgery in the University of Edinburgh.

tendency may pass over one generation and be communicated to the next. This circumstance, on the first view rather contrary to the ordinary course of nature, may be easily reconciled with the opinion, that sometimes scrofula is an acquired disease. The tendency (or in technical language, the predisposition) to disease, consists in a certain condition of the corporeal structure, and this peculiarity may be transmitted from one generation to another, for successive ages. This tendency may, from a variety of circumstances, remain dormant in one generation, and be acted upon in the succeeding one. The corporeal structure on which it depends must, however, be the same in all; and, in general, in the case of scrofula, there are certain external characters by which this may be distinguished in any individual. But if the children of parents, who not only never had any scrofulous affection, but who had none of the ordinary marks of predisposition to that disease, are occasionally found to have scrofula after some severe illness, which had greatly reduced their strength, there can be no doubt that hereditary tendency is not absolutely essential to its production. This question relates to a subject of the greatest importance; because it must influence the practice in regard both to the prevention and the cure.

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When the deplorable consequences of this malady are considered, it must be unnecessary to state any arguments to shew the duty of attending to its first approaches, but it may be remarked, that if this rule were invariably observed, the health or life of many individuals would be annually saved. On this account the most trifling mark of indisposition in children who have any appearance of a scrofulous constitution, should be anxiously watched, and, if possible, counteracted immediately. Affections of the stomach and digestive organs are usually, in such individuals, the first approaches to the disease. They most commonly happen after cold damp weather, or after some accidental indisposition. An emetic, and two or three doses of an active purgative are to be premised, the lightest and most nourishing diet is to be recommended, all risk of exposure to cold and damp is to be avoided, a course of tonics is to be prescribed, and, where circumstances will permit, sea-bathing and residence in the country in a dry situation, as soon as the weather is favourable, are to be advised. Preparations of zinc or iron are excellent tonics in many cases, but in others Spilsbury's drops have certainly been superior to any other medicine. These drops are to be continued for at least two months at a time.

If, notwithstanding these means, scrofulous affections actually appear, some preparation of mercury or antimony, or both combined, in very small doses, or of neutral salts dissolved in water, should be suggested. The former of those are to be employed in infants, and the latter in children, especially towards the age of puberty. The neglected remedy of the polychrest salt merits, according to my experience, a decided preference to every other saline preparation. An aloetic pill should be given at bed time, and such a dose of the salt early in the morning, as shall procure three or four loose motions. This is to be continued for weeks, or for months, and it will be found, that instead of weakening the patient, it improves the strength, and alters very materially the appearance of the swellings or sores. After six or eight weeks the sulphat of iron may be taken once or twice a-day without interrupting the course of the salt. The Peruvian bark is proper only where there are considerable discharges from the sores, or a threatening of hectic fever; and in such cases the myrrh, combined with preparations of iron, seems more efficacious. The muriate of lime has been much extolled by some of my professional brethren, in whose practical discernment and integrity I have much confidence. In some cases of alarming complications of this disease I have made

a cautious trial of the fox-glove, and of arsenic. The former has apparently done good, but the latter made no amelioration, either on the general health or on the local affection; while it impaired the appetite and powers of digestion. Perhaps this might have been owing to the form, which was that of Fowler's tasteless ague drops.

Scrofulous swellings and sores require more attention than is usually paid to them; not that attempts to discuss or to heal them should be hazarded till the operation of the remedies adapted to the general habit be obvious. But, after this is ascertained, no delay can be allowed. In the usual treatment of the local affections, it has long appeared to me, that surgeons use too indiscriminately cold astringent applications, and much too sparingly the scalpel. That cold water or sea water, or solutions of metallic astringents, are often proper, cannot be questioned. But in many cases of extensive swelling, with great hardness, the hemlock poultice, renewed every twelve hours, has a most powerful effect. Popular prejudices prevail against any operation for giving a free outlet to the matter when a fluctuation is perceived in the swelling; and to this prejudice surgeons have in general yielded too implicitly. If this subject be considered calmly, it will appear, that stagnant fluid must irritate materially the parts

within which it is contained, and that the process by which a natural vent is occasioned, must be accompanied with a considerable loss of substance. These two circumstances combined are the chief causes of the ugly scars which follow the healing up of scrofulous sores. But it is not entirely on speculative principles that I think it often necessary to recommend opening scrofulous swellings, for I have found by experience, that in many cases, by this practice, almost all mark has been prevented. It is impossible in this work to point out with accuracy the precise circumstances which should induce the practitioner to have recourse to an operation.

Another modern deviation from the ancient practice, which seems to have been carried too far, is, the applying to scrofulous sores nothing else than superficial dressings; for, in many instances, some gently stimulating substance, introduced daily into the cavity of the sore, excites new actions on its surface, and thereby not only prevents any disease spreading into the neighbouring parts, but also contributes to the healing up of the original sore.

Swelling of the *mesenteric* glands is indicated by enlargement of the belly, emaciation and dryness of the skin, want of appetite and indigestion, with unnatural stools, and milky like urine. Where it occurs in infants, occasional

vomiting, an almost perpetual fretting, a kind of uneasy pressure in breathing, and gradual wasting of the flesh, are the symptoms. In children hectic fever soon follows the complaints already enumerated. In both cases the disease, though sometimes protracted for several months, most generally proves fatal. After death it is found that the mesenteric glands are enlarged and thickened, in some instances in a state of actual suppuration, and in others containing a soft substance like new cheese, quite different from real purulent matter.

This disease certainly happens most frequently in children of a scrofulous constitution, but the real pus found within the glands in many instances, affords strong proof, that it may take place in children of every different habit. The exciting causes commonly enumerated are, irregularities of diet, inattention to cleanliness, exposure to damp and cold, and indigestion; to which should be added, the torpor of the lymphatic system, that so often follows febrile and inflammatory complaints.

When the disease is discovered in its incipient state, it may be cured by means of a light nourishing diet, small doses of calomel, as a quarter of a grain evening and morning, immersion for ten minutes in the warm bath every night before being put to bed, and opiate friction applied over the belly evening and

morning. Sea water should be used for the bath, and anodyne balsam, or a mixture of one part of the compound spirit of ammonia, two parts of fine oil, and three parts of laudanum, form the proper opiate friction. In some cases after the hectic symptoms had appeared for several weeks this plan has succeeded.

SECTION III.

Croup.

OF the diseases incident to infancy and childhood, the *croup* is perhaps the most alarming, for it often proves fatal within thirty-six hours from the first attack. This disease may be said to be peculiar to marshy countries, and those situated in the neighbourhood of the sea, so that in the inland and dry situations of this island it is quite unknown. Although it has certainly prevailed in this city and its neighbourhood from time immemorial, the first accurate description of it was published by Dr Francis Home about forty years ago. It occurs most frequently during winter and spring; but it is found to take place at any season of the year, when damp cold easterly winds prevail.

The true croup is preceded commonly for some days, and always for a day or two, by a

hoarse cough; but the first symptom that proves alarming to one unacquainted with the disease, is a difficulty of breathing, which comes on towards night. The breathing is very hurried, and in many instances so noisy that it can be heard at the distance of several yards. After this state of the breathing is observed, the fits of coughing become more frequent, and have a very peculiar sound, resembling the loud crowing of a roudy cock. Generally the coughing occurs in redoubled fits, the second fit being more violent than the first. Some viscid phlegm is forced up by the cough; but it reaches no farther than the mouth, being retracted when the cough ceases.

If the countenance of the child be examined at this time, it will be found flushed and swelled, in a degree proportioned to the constitution of the individual; consequently, in some cases the eyes appear bloodshot, watery, and swelled as it were, and the whole face is very red, except that round the mouth there is an evident whiteness; but in other cases there are only watery eyes, and an obscure blush over the face, with a slight paleness round the mouth.

The child sleeps during the intervals between the fits of coughing; but there is no material alteration in the state of breathing while he is asleep. Those in whom the face is very much flushed seem overpowered by a heavy sleep,

from which they are roused only by the violent fits of coughing. Food and drink are readily swallowed without difficulty, and the natural evacuations go on as usual.

In proportion as the disease continues, the fits of coughing return more frequently, and are attended with an uncommon degree of agitation throughout the whole frame; and in some cases the breathing becomes more and more noisy. In one case which I attended some time ago, convulsions or convulsive startings followed every fit of coughing. At last the appearance of the countenance changes, the lips growing livid, the palidness round the mouth more striking, and the whole face of a leaden hue. Where the child unfortunately dies, that event is occasioned by a fit of suffocation; and this often happens quite unexpectedly to the attendants.

During the whole course of the disease the child is extremely fretful; but when irritated, he seldom cries for any length of time. This seems to arise partly from the uneasiness in breathing being aggravated by the fits of crying, and partly from his being unable to direct his attention to any object whatever above a few minutes at a time.

The progress of the disease is very different in different cases, for it sometimes runs through its course in twenty-four hours, and sometimes

it is protracted even to the tenth day. The progress seems to correspond with the frequency and violence of the fits of coughing.

When a child happily recovers from this disease, it continues for some time extremely liable to a return of the disorder; and if a second attack should occur within a few days from the cessation of the former, there is very great risk of its proving suddenly and rapidly fatal.

The true croup occurs only during cold damp weather, except in marshy places, where it is apt to happen at any time when a foggy state of the atmosphere prevails. The ordinary subjects of the disease are those children who have enjoyed the best health; and the most common period of life at which it takes place, is from the fifth month to the fifth or sixth year.

The immediate cause of this disease is an inflammation of the membrane which lines the windpipe. In consequence of this, matter is formed, which concretes and choaks up the passage to the lungs. This concreted matter has been, on some rare occasions, thrown off by vomiting, and has relieved the child from threatening suffocation. Some practitioners have supposed the disease to be contagious, because, forsooth, two or three children in the same family have fallen victims to it within a few days. They have overlooked, that in such

cases all the children had been exposed to the same exciting cause, viz. a damp and cold state of the atmosphere. The proof that this is the sole exciting cause is, that the disease never occurs in any other condition of the air; and it is a curious and instructive fact, that, in proportion to the dampness of the atmosphere, is the violence of the disease. Thus, in Leith it is more severe than in Edinburgh; and in some marshy districts it is much more violent than in Leith.

There is an affection resembling this disease which may be styled *spurious croup*, and which is very analogous to the asthma of grown people. It comes on suddenly, without any previous indisposition, in the form of very difficult breathing, occasioning fits of croupy coughing, unaccompanied with the appearance of tough phlegm in the throat or mouth. The countenance is little altered during this affection; and during the fits of coughing there is not that excessive agitation which is so strongly marked in the true croup.

This disease attacks delicate, much more frequently than robust children, and occurs during any state of the weather. Its duration is in general limited to a few hours; and in many instances it ceases entirely for many hours, or even for a day or two, and then recurs, so that a child may have several attacks within a short

time. There can be no doubt that the spurious croup has on some very rare occasions proved fatal ; but in general it is unattended with danger. It seems to arise from a spasmodic affection of the wind-pipe. As it is extremely difficult in some cases to distinguish, at the beginning, the true from the spurious croup, it is a fortunate circumstance, that the following method of treatment is applicable to both diseases.

Immediately upon the attack, the child must be put into a tub of water, heated to the ninety-sixth degree of Fahrenheit's thermometer, (that is, to the degree which the hand immersed in it can easily bear), or must be wrapped up in a blanket wrung out of hot water. Whether the bath or the fomentation be employed, it ought to be continued for at least ten minutes ; and then the child should be carefully rubbed dry, wrapped up in warm flannel, and put to bed.

A dose of calomel is now to be given, and repeated every hour till the breathing be evidently relieved ; when it is to be gradually discontinued, allowing at first two, then three, and finally four or five hours to intervene between each dose, according to the state of symptoms. This medicine commonly occasions both vomiting and purging ; and in true croup, the first alleviation of symptoms generally follows the discharge of a great quantity of dark green

coloured matter (like boiled spinage) by stool; but if the attack have been that of spurious croup, the breathlessness ceases after vomiting has occurred.

The dose of calomel is to be regulated principally by the age of the little patient. During the first year it should be from one to two grains; during the second, two grains and an half; during the third and fourth years, from three to four grains; and during the fifth and sixth, from four to five grains. It may be given mixed with a little sugar as a dry powder, or it may be mixed with currant jelly, or honey, or treacle, or pottage, or panada, or light pudding, or with any thing which is thick; but it cannot be given in drink.

During the course of the disease, nothing else than liquids ought to be allowed to the child. These should consist of cow milk whey, very weak tea, thin barley gruel, fig tea, apple tea, milk and water, or toast and water. It may be unnecessary to remark, that if the child be not weaned, nothing but the nurse's milk should be given. The room in which the little sufferer is kept ought to be moderately warm.

When the disease has begun to yield to this treatment, nourishment suited to the habits and circumstances of the child is to be exhibited in small quantities, and often repeated. In

some cases considerable weakness remains after the crouping has ceased, in consequence partly of the violence of the symptoms, and partly of the operation of the calomel. Under such circumstances, cordials, particularly weak white wine whey, and a blister to the breast, become necessary. But if proper attention have been paid to the precaution of lessening the number of doses of calomel, whenever the disease is in the least alleviated, the ordinary health of the child will be found restored within a very short time after the symptoms of croup have disappeared.

For the cure of this formidable disease, practitioners formerly trusted chiefly to bleeding, with the use of vomits and blisters as auxiliaries; but the result of the practice was, in the more favourable cases, a very considerable shock to the constitution, and, in the majority of instances, the death of the child. These circumstances rendered it fair to make a trial of the practice of giving calomel, first suggested by some American physicians. Accordingly, an old pupil recommended it to me about eight or nine years ago, but I was at first unwilling to try it, as he said it produced, in his practice, no other sensible effect than that of curing the disease. After another year's experience, his report being still favourable, I agreed to make a cautious trial of it; and having now employed

it for seven years, and having most accurately and carefully attended to its effects, I consider myself fully warranted in giving the above directions. I have had the happiness of seeing the disease yield where its violence seemed to threaten almost immediate death; and among the little patients on whom it has been successfully tried, one of five months old had thirty-two grains of the calomel within twenty-four hours, and another of the same age, the infant of an officer of excise, eighty-four grains within seventy-two hours. A girl, the daughter of a respectable tradesman in College Street, seven years of age, had, within little more than sixty hours, an hundred and thirty-three grains, and two days after appeared as if she had never had a complaint. In every case where it was employed, previous to the occurrence of lividness of the lips and other mortal symptoms, (amounting now to above forty), it has completely succeeded, both in curing the disease and in preventing any shock to the child's constitution. In three instances where the case seemed desperate, it was thought right to try its effects, rather than leave the patient to his fate. It neither aggravated nor mitigated the symptoms.

It is necessary to add, that I have now seen two cases, where, although all symptoms of the croup were removed by the use of calomel, the

patients sunk from the weakness which followed. One was an infant of nine months, and the other a child of four years old. Both cases were under the care of the same practitioner, and he candidly admitted, that he had carried the practice too far. When I was called in, the vital powers could not be renewed by the most powerful stimulants. But in another case to which I was called, where the debility was very great, after the use of the calomel, the infant was saved by means of a blister and a very liberal use of opiates, and wine diluted with milk. Those cases inforce the necessity for carefully watching the progress of the disease, so as to stop the calomel whenever the symptoms begin to yield. In a case where croup occurred after scarlet fever, (the child of a grocer in Richmond Street), along with the calomel, a decoction of snake root, the favourite remedy of some American practitioners, wine, opiates, and blisters, were employed, and the child recovered.

SECTION IV.

Measles.

A regular history of *measles* would be misplaced in this work, and therefore the following observations are limited to two points,

which are certainly of the utmost importance, viz. to the method of distinguishing this disease from every other, and to that of treating it when it occurs in infants and children. On those subjects, it is believed, some most erroneous opinions are entertained by general medical practitioners.

It has been already stated, that from the extreme delicacy of the skin which prevails during the first two or three years of life, eruptions, resembling the measles, attend many of the accidental feverish or catarrhal complaints of infants and children. This alone has given rise to the popular notion, that measles may affect the same individual oftener than once, for there is no authentic evidence in support of such a fact. It has indeed been alleged, that measles may occur without fever, but this is an absolute contradiction in terms. All medical men having, in modern times, agreed to call a certain eruptive fever by this name, nothing can be more absurd, than to apply the same name to an eruption without fever. As it frequently happens, however, that in infants and young children, eruptions like the measles are at first attended with fever; it is only by examining with care their progress and duration, that an accurate distinction can be made.

The colour of the eruption in measles is at first that of raspberries; at the end of the se-

cond day, from its extending over the whole surface, it changes to a brownish red, which continues distinct during the third day; and after that time, it gradually turns pale, and the skin becomes covered with branny scales like fine oat-meal. When, along with this regular progress, there is catarrhal fever, with an affection of the eyes and nose, there can be little doubt respecting the nature of the disease, but wherever there is any material deviation from this succession of changes, it should be concluded that it is not a case of measles.

When, from the prevalence of this disorder in any particular place, (and it generally appears as an epidemic every year in large cities) there is reason to suspect that symptoms of indisposition in any individual mark its approach, the stomach and bowels should be immediately cleared out, by means of an emetic and a purgative, after which the child should be put into the warm bath. It is a vulgar prejudice, that a heated apartment is necessary during the course of the disease, for nothing adds more to the oppression, and consequently to the danger of the child. Exposure to a cold stream of air might increase the inflammatory affection in the lungs, which, in a certain degree, occurs in this complaint, but a moderate temperature of the atmosphere by which the patient is surrounded, tends to permit the eruption to come

out freely, and to lessen the feverish irritation.

While the eruption continues distinctly visible, plentiful dilution by means of barley water acidulated, or cow milk whey, or apple tea, or any of the ordinary acescent drinks, and an open state of the bowels, are necessary. If the cough and oppression of breathing be urgent notwithstanding this treatment, a more active purgative is to be given, and a blister is to be applied to the chest. If there be sense of tightness in the forehead, and sense of roughness in the throat, the frequent inhaling of the steams of hot water affords very immediate relief.

Whenever the eruption begins to decline, the skin should be sponged two or three times a-day with warm milk and water, and a powerful laxative should be directed every third or fourth morning. As soon as the state of the cough will permit, nourishing diet, with wine and tonics, of which a combination of myrrh and bark is the preferable, are to be allowed. Violent or very frequent fits of coughing, with wheezing or considerable oppression in the chest, require a succession of blisters, repeated purgatives, and a milk diet; but a short dry cough, even though accompanied with frequency of pulse, yields to the use of tonics.

If quick or laborious breathing, with a rapid or thready pulse, and a torpid drowsy state,

with a swelled or pasty appearance of the countenance, supervene on the decline of the eruption, opiates, wine, and other cordials, with blisters and external stimulants, afford the only chance of saving life.

To these short practical hints must be added, the unpleasant duty of pointing out the errors frequently committed in the treatment of this disease, a task on which I should never have entered, had not the experience of every year convinced me that many infants and children are lost by such errors.

The first of these to be noticed is the indiscriminate practice of blood-letting. Practitioners have been led to this, partly by the theoretical notion that there is danger of pneumonic inflammation, and partly by the success which attends it in grown people. But what has always appeared to me the most to be dreaded as the effect of measles in children, is the debility that follows; and, accordingly, numerous instances have fallen under my observation, where hectic fever, or dropsical or scrofulous affections were induced by bleeding. For a long time, therefore, I have been accustomed to state, in lecturing on this subject, that "I do not deny the possibility of blood-letting being necessary in the treatment of this disease, but I have never yet met with an instance where I found it so." A single case of that necessity

has been reported to me by one of my brethren (Dr Erskine), whose candour and talents entitle him to every degree of confidence.

The opinion thus expressed of the bad effects of bleeding, is supported by the high authority of Dr Parr of Exeter. In allusion to the possible propriety of that evacuation, he says, "no such instance has however occurred to us in an extensive practice, nor to those from whom we learned it, whose practice, equally long, has been more extensive."* Had this flattering testimony related to a subject of mere speculation, I should not have quoted it, but when I consider the importance of the question, and the reluctance with which many most respectable practitioners have been led to relinquish the established practice of bleeding, I feel highly gratified in being able to shew a coincidence which could only be the result of experience.

The use of purgatives after the declension of the eruption, has, in these modern times, been as much condemned as bleeding. Even Dr Cullen has sanctioned this prejudice. The ancient opinion was, that purging tended to remove the dregs of the disease, which has been very properly ridiculed by Dr Cullen, for the proper effect of purgatives in such cases is the

* Medical Dictionary, vol. ii. p. 210.

removal of that torpor of the lymphatic system on which both dropsy and glandular swellings depend. Dr Parr asserts, that if laxatives be steadily persevered in from the beginning, the peripneumonic symptoms which occur about the eighth or tenth day, will certainly be prevented. The most alarming case of symptomatic dropsy I ever met with, was the effect of inattention to this practice.

It is not easy to understand the reasons why practitioners have been led to disregard the debility which always attends and follows measles, as that is the most prominent feature in the progress of the disease. The objections to wine and nourishing diet, which it is so often necessary to combat, probably arise from the supposition, that the frequency of the pulse and the cough are the effects of inflammation, when, in fact, they are occasioned by the torpor of the lymphatics. If attention be paid to all the circumstances of the disease, this will appear obvious to every unprejudiced inquirer. The aphthæ, the putrid diarrhœa, the dropsical and glandular affections, and the gangrene which is apt to take place on blistered parts, afford such unequivocal evidences of debility, that no other than a descendant of the renowned Sangrado himself could overlook them.

An anomalous feverish disorder, resembling at first the measles in every respect, is occa-

sionally met with. Within about twenty-four hours from the eruption having come out, the feverish symptoms are highly aggravated, attended with delirium, startings, and even convulsions; and on several parts of the skin, particularly on the face, the eruption recedes, leaving large portions of the surface of a pale yellow, with a small white blister or vesication in the middle. The eruption disappears in a day or two, and, under proper treatment, the fever soon abates.

The alarming appearance of great determination to the head, in the first case or two of this kind to which I was called, led me to apply leeches to the temple, at the same time that I prescribed the warm bath, a brisk laxative, and a blister to the back. Since that time I have omitted the leeches, and although the utmost danger seemed to threaten in all the cases I have witnessed, the recovery was rapid in every instance.

SECTION V.

Scarlet Fever and Sore Throat.

THIS very infectious disease is now so well known, that a regular description of it is unnecessary; all that seems proper in this work be-

ing a very few observations on the method of treatment in infants and children.

When the throat is affected at the beginning, an emetic, though it does not cut short the progress, as has sometimes been alleged, certainly mitigates the violence of the disease. The same may be said of the affusion of cold water over the whole surface during the hot stage, which by some practitioners has been extolled beyond measure. Its apparent efficacy may be explained on the principle, that in much more than the majority of cases the disease is mild, and would terminate favourably whatever practice were adopted.

The great obstacles to success in violent degrees of scarlet fever and sore throat in children are, the impossibility of getting the throat properly and frequently gargled, and the excessive reluctance to take the cordials which the urgency of the symptoms require. For these reasons it often happens, that all that can be done during the dangerous period of the disease, is to regulate the ventilation, and to apply a succession of external stimulants. Bark glysters, where they can be given without occasioning fatigue from the struggles of the child, ought to be frequently exhibited.

When the eruption begins to decline, and the slough on the throat to fall off, the skin should be sponged every six or eight hours with

warm milk and water, and the bowels ought to be kept open by means of laxatives, while wine and suitable nourishment are still to be continued. Spontaneous looseness seldom proves troublesome or injurious, unless where the state of the bowels had been neglected at first.

On the steady use of purgatives the prevention of glandular diseases and of dropsical affections chiefly depends. A swelling of one or more glands of the neck, is apt to appear when the sloughing of the throat is nearly completed; and a fluid, as if from suppuration, is soon perceivable in it. But this is generally dispersed after one or two doses of rhubarb and jalap, or calomel and jalap. In one case, where croup supervened to this disease, already mentioned, page 367. the patient (a boy of four years of age) was saved by combining wine, cordials, opiates, and blisters, with large doses of calomel, repeated every hour, till relief was procured. The same plan, in another case, where the child was six years old, proved of no avail.

SECTION VI.

Water in the Head and other Dropsical Affections.

UNDER the title of *water in the head*, three diseases, different from each other in their na-

ture, although similar in one respect, have been generally comprehended.

The first is an affection of the head, coeval with birth, which may be styled the *congenite water in the head*. Of this disease the chief mark is, an evident enlargement of the head, with uncommon openness of its sutures, or the connections between its bones. This is met with in various degrees; for sometimes the size of the head is so great, and the collection of water so enormous, that the infant cannot be born alive: in other cases, the enlargement is just perceptible, and at first seems to have little influence upon the health of the infant: and between these extremes every intermediate degree has occurred. In general, where the disease is quite evident at birth, the size of the head continues increasing for ten or twelve months; and then the child is destroyed by convulsions. But cases have occurred where life has been protracted for several years. Under such circumstances, the sufferer has dragged out a most miserable existence, having been incapable of any mental exertion, and also in most instances of any bodily exercise.

This disease seems to be owing to some original imperfection in the structure of the individual; and, as far as human experience has hitherto evinced, is quite incurable. Blisters to the head, issues in different parts of the body,

the various preparations of mercury, and other active means, have been often tried, without any appearance of even mitigating the symptoms.

The second disease known by this name, may be termed the *symptomatic water in the head*. It is the natural effect of any weakening disease in infancy or childhood, just as swelling of the feet and ancles take place in grown persons who are much debilitated.

In consequence of the large proportion of blood which circulates through the head of infants and children, every complaint which occasions any irregularity or inequality in the action of the heart and blood-vessels, produces an effusion of watery fluid into the cavities of the brain, more readily than in any other part of the body. The effect of this effusion is commonly stupor, and eventually convulsions. In this way, fevers, many inflammatory complaints, and, in short, all diseases which are protracted for any length of time, terminate; and as it is found after death, that water is accumulated within the brain, superficial observers are apt to imagine, that what in fact is the effect of the previous indisposition, had been the original cause.

Symptomatic water in the head has been often cured by supporting the strength, and at the same time employing the more powerful reme-

dies for dropsical affections. The means for both purposes ought to be exceedingly active, as there is generally no time for trifling.

The third disease known by this title has been usually called the *idiopathic water in the head*, and more often takes place in childhood than in infancy, although instances of its occurrence in the latter are occasionally met with.

When infants are afflicted with this disease, the first symptoms are commonly those of teething, after which a great degree of torpor, with obstinate costiveness, frequent startings, and in some cases convulsions, suddenly come on. The fatal event often follows with great rapidity, so that an infant who had been observed to be only a little indisposed, has been known to die of this disease within the course of three or four days.

In children, the approaches of this formidable complaint are more gradual and more insidious. Slight headach, or pain about the shoulders, attended with languor, dulness of the eyes, and costiveness, with disturbed sleep, now and then take place for many weeks, often while the general health does not appear affected; so that the first circumstance which alarms the attendants in many cases, is an aggravation of the headach, accompanied by sickness and constipation, or frequent screaming during the night, as if from being awakened by a frightful dream,

or irregular feverish symptoms, with considerable dilatation of the pupils, and occasional squinting. Soon after this, the pulse becomes evidently affected, being either preternaturally slow or intermitting. The child now complains almost constantly of pain in the head, commonly confined to one part, and of intolerance of light, and has also frequent retching, and most obstinate constipation. Some time after this the inequality of the pulse ceases, and is succeeded by great frequency and feebleness; the appetite for food returns, insomuch, that whatever is offered is greedily swallowed; the pupils of the eyes are more and more dilated, and the vision proportionally impaired, till at last double vision, and finally blindness ensue. Stupor, with stertorous breathing and horrible screamings follow, and are terminated by convulsions, which soon destroy the child.

The progress and combination of these symptoms are very different in different cases. Sometimes the disease has proved fatal in the course of a few weeks, and sometimes it has been protracted for several months.

It is often extremely difficult to distinguish this disease, for many of the symptoms resemble those occasioned by worms, or by irregular fevers. The only marks which can be depended on are, unusual slowness or inequality

of the pulse, and excessive torpor of the bowels, for these occur in every case.

Whether an increased determination of blood to the head be the chief cause of this disease, or be a link in the chain of causes, the observations of several most respectable practitioners concur in proving that it precedes the alarming symptoms, and hence it is supposed to occasion several of them. As this is often the effect of very slight injuries from falls or blows, parents, and those who have the charge of children, ought to attend most particularly to every accident of that kind, however trifling it may appear at the time to be. The application of leeches to the temples, opening the bowels by some cooling medicine, and keeping the child upon a milk and vegetable diet for some days, can almost never do any harm, and may often prevent the most serious complaints. Dr Cheyne, in his valuable treatise on this disease, remarks, that in none of the many cases which he has attended, had there been any mechanical injury. But in the course of my practice, I have seen several very well marked instances where the disease could be traced to such accidents.

In the treatment of idiopathic water in the head, the most active means ought to be employed as early as possible; for after a certain time the disease is quite incurable. Bleeding,

blistering, preparations of mercury, and in some cases the fox-glove, are severally necessary. When parents have unfortunately lost one or two children in consequence of this disease, it is a good precautionary measure to direct, that in future every child shall have, during the period of teething, an issue established on the head or back.

Dropsical affections of the skin of the belly, or of the chest, are apt to occur in infants and children, after any violent or protracted indisposition, but particularly after measles or scarlet fever. In these latter cases, they may be prevented by attention to the use of purgatives and tonics, as already recommended. Slight degrees of dropsy are readily removed by a brisk laxative, followed by a dose, three or four times a-day, of the dulcified spirit of nitre, and nourishing diet. In the more alarming degrees, I have used with great success the fox-glove, in the form of the saturated tincture diluted, repeated every hour till it took effect. One child of four years old, whose situation seemed quite desperate from effusions into the chest, as well as into the belly, had five drops every hour for fourteen hours, and recovered completely.

SECTION VII.

Hooping Cough.

THE hooping cough, or what is called in Scotland the chincough or kinkcough, begins like a common cold, attended in some cases with fever, and frequently with little derangement of the system. By degrees the symptoms of cold cease, but the cough continues, and is accompanied with circumstances which mark its nature. These are, the suddenness of the fits of coughing; the great agitation the child feels during the cough, which leads him, at the instant it comes on, to lay hold of what is nearest, in order to support himself, the coughing being excited by emotions of the mind, and by any considerable exertion, and each fit of cough ending in vomiting or in hooping, (called also back-draught), which resembles threatening suffocation, and seems to arise from a convulsive action of the upper part of the windpipe, while there is an irresistible necessity for taking in a full inspiration.

In the favourable cases of this disease there is no fever, no diminution of the appetite for food, no apparent deviation from the ordinary health; and the fits of coughing occur only twice or thrice during the night, and during

the day take place commonly after a full meal, or violent exercise, or emotions of the mind. If hooping follow the cough, it is in a very trifling degree.

But in the unfavourable cases, great fever and weakness, or feverish heat, with evident determination to the head, occur at the commencement of the disease, accompanied with various symptoms of derangement, according to the constitution of the individual. The fits of coughing are very frequent, of long continuance, sometimes preceded by breathlessness, but more often followed by that circumstance, and sometimes ending in excessive discharges of blood from the nose or from the bowels. The hooping in such cases renders the face quite livid, and not unfrequently terminates in convulsions or in faintings. It always seems to threaten instant suffocation.

Nothing is more uncertain than the duration and event of this disease. In the mildest form in which it occurs, it generally continues for two or three months; and often, after it has apparently ceased, an accidental exposure to cold occasions a return and an aggravation of the symptoms. In the violent degrees, many months elapse before the disorder seems to be mitigated; and the return to strength, where the child recovers, is very tardy. It is almost impossible in any case to foretel with certainty

the event; for in many instances the child has been suddenly carried off, after it had for several days, or even weeks, had the most complete mitigation of all the symptoms; while, in other cases, every circumstance which commonly indicates approaching death, has been observed for a very considerable time, and yet the child has eventually struggled through. Where a fatal event takes place, it is in consequence either of exhaustion, in which case the feet are commonly much swelled for some time before death, or of a fit of suffocation, or of a convulsion. Some estimate of the danger may be formed by attending to the age, constitution, and symptoms of the patient, and the season of the year. Experience proves, too, that it is more fatal in some years than in others.

The hooping cough occurs only once during the life of the individual; but in some children, even for years after this disease, every common cold is attended by a cough which seems somewhat like the hooping cough. During teething, too, there is sometimes, as has been particularly mentioned p. 81. a kind of crowing, which, to a superficial observer, seems to resemble the back-draught.

Infants and children of every age and constitution are liable to this disease; and, contrary to what happens with respect to other infectious diseases, the youngest infant is as

subject to it as the oldest child. The cause of the hooping cough is a contagious matter, which, although so subtile as to elude the cognisance of the senses, may nevertheless be conveyed from one child to another, at a very considerable distance, through the medium of a third person. Infants, a few days after birth, have become affected with this disease, in consequence of being handled by those who had been in a house where the hooping cough was prevailing. It is generally believed, that after the original cause has ceased to have effect, the disease is continued merely from habit.

In the treatment of the hooping cough, the great objects to be aimed at are, to remove the habit on which the duration of the complaint depends, to restore or support strength, and to palliate troublesome or alarming symptoms. If any medicine should be discovered, which could at once destroy the contagion of hooping cough, all other means might be superseded; but hitherto no such discovery has been made.

For accomplishing the first of the above purposes, vomits repeated daily, or oftener, according to the exigency of the case, and frequent change of air, are to be chiefly trusted. It may be known when the air disagrees, by observing that the child is more and more fretful and restless during the night; and, on this account, in many cases it is found necessary to change

the residence weekly. The younger the child is, the more are vomits required, so that it is often necessary to give one evening and morning for weeks together.

The strength is to be supported by suitable nourishment. Where inflammatory symptoms attend at the beginning, the diet should consist almost entirely of milk and vegetables; but when much debility takes place, animal food in various forms, and cordials adapted to the age and constitution, are indispensable. The Peruvian bark is in many of those cases extremely useful. It may be given mixed with a solution of extract of liquorice.

For palliating alarming or troublesome symptoms, a variety of treatment is required in different cases. In general, the chief symptoms of that description are the inflammatory and feverish affections, and the whooping. The inflammatory symptoms, excepting when very violent, are best moderated by regulation of diet and by keeping the bowels open. In some rare occasions, bleeding must be had recourse to; but it requires much discernment to judge of this, and irreparable mischief may be done by the subtraction of blood. The feverish symptoms are mitigated by frequent ablution with tepid water, by the use of emetics, and by the change of air. When they are attended

with great debility, cordials and occasional blisters must be employed.

The most formidable symptom of this disease is the hooping, as it always, when violent, threatens immediate death. Where it is not alleviated by the means already recommended, particularly by frequent emetics and change of air, stimulant substances must be rubbed over the ribs, or breast, or belly, evening and morning. The rectified oil of amber answers for this purpose very well. Roche's royal embrocation is used with the same intention. Garlic ointment, rubbed on the soles of the feet, seems particularly efficacious, where uneasiness in breathing continues during the intervals between the fits of coughing. Narcotic medicines, given internally, such as the hemlock and henbane, are sometimes useful in lessening the violence and frequency of the hooping, and are much preferable to any preparation of opium.

SECTION VIII.

Rickets.

THIS disease very often begins during the cutting of the milk teeth, but in many cases it first appears between the second and the sixth

year, after some febrile or protracted disorder which has been followed by great weakness.

When it occurs during infancy, the first symptoms are, paleness of the face, and a swelling of the belly, with flabbiness of the flesh, relaxed skin, and evident aversion to exercise. If these circumstances be disregarded, the head in a short time becomes enlarged, spreading out towards the sides, and being flattened or depressed on the upper part, the back bone bends, and some of its joints project, the ribs sink in, while the breast bone is pushed out in the form of a ridge, and the larger joints swell. Pasty complexion, voracious or irregular appetite for food, swelling of the belly, costiveness, or scanty evacuations by stool, and a hobbling or awkward manner of walking, mark the beginning of rickets in children.

The progress of the disease is very different in different cases. Sometimes, after the bones have become curved and the joints mis-shapen, the general health returns; and the only bad effect is more or less deformity. In other cases, hectic fever, accompanied by a short dry cough, occurs, and gradually destroys life. The more violent degrees are commonly complicated with scrofulous affections. As there can be no difficulty in distinguishing the first approaches to rickets from every other complaint, and as it is a matter of the utmost importance to do so,

the back bone and joints of puny infants or children ought to be examined from time to time with the most scrupulous care.

With respect to the nature of this disease, there can be no doubt that the softness of the bones is owing to their not being supplied with a sufficient proportion of the calcareous earth which forms their basis ; but it has not yet been ascertained, whether the earth be not furnished by the system, or whether, after having been separated from the food, it be dissolved in the fluids with which it is mixed, from their being in an unnatural state. That disordered action of the digestive organs always attends the commencement of rickets, is a fact of very material consequence to be kept in view.

There can be no doubt that this disorder is not exclusively confined to those who inherit a scrofulous tendency. It is well known, that impure air, inattention to cleanliness, irregularities of diet, and mismanagement of complaints of the stomach and bowels, have apparently excited it in individuals of every constitution.

The cure of this disease in its incipient stages, if not complicated with any modification of scrofula, may be accomplished by directing, in addition to the means already suggested, p. 114. for cases of chronic indigestion, the cold bath, (with salt water) every morning, and dry

friction of the whole surface daily. But if the advanced stage have occurred, besides a steady perseverance in varied purgatives till the stools become natural, warm bathing, opiate frictions, and a course of tonics, are necessary. The opiate friction has seemed so efficacious, that in several cases, where the bones had been actually bent before it was had recourse to, their natural shape was restored by it. Where one or more joints of the back jut out, an issue on each side of them, and at the same time the use of Jones's collar, which is a steel bar so contrived as to take off the weight, naturally supported by the spine, are to be advised.

Foreign practitioners have extolled the powers of mercurials, joined with antiscorbutics, in curing rickets, and chemists have proposed, for the same purpose, medicines capable of completing or correcting those chemical changes in the animal fluids, on which they imagine the disease to depend. Experience has proved to my satisfaction the inefficacy of the former, and, on every principle of fair reasoning, the latter must be rejected; for the object should be, not to supply materials, but to alter the actions of the powers by which the component parts of the animal fluids are selected or combined.

END.

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APPENDIX.

Observations on the Method of ascertaining the Doses of Medicines.

LIQUID Medicines are commonly prescribed in the doses of table-spoonful, tea-spoonful, or drops. But an exact dose can never be given by those measures; for table and tea spoons are very various in size; and fluids poured from a phial fall out in large or small drops, according to the thickness of its edges, or to the quantity of its contents.

The doses of medicines recommended in this work should be regulated by a graduated glass-measure, which every family can procure for a trifle. A table-spoonful is supposed to contain half an ounce; a tea-spoonful, a drachm; and the latter is considered to be equal to seventy drops. When therefore any medicine is regulated in the dose of ten drops, a drachm may be diluted with six times the quantity of water, and a tea-spoonful will furnish the exact proportion; and the same rule may be applied to every other dose of fluids by drops.

✓ The doses of powders should be ascertained by weight, for which purpose every family ought to be provided with a set of apothecary's weights.

ABSORBENTS.

MAGNESIA—may be mixed with water or milk.

The dose for children is, from five to twenty grains once in eight or ten hours.

PREPARED CRABS EYES—may be given in the same manner as magnesia.

The dose for children, is ten grains every two hours.

LIME WATER.—The dose for children, is two tea-spoonful or a table-spoonful, (according to the age), diluted with common water, or mixed with a little cow's milk.

ABSORBENT MIXTURE.—Take of

Refined Sugar, one drachm,

Prepared Crabs Eyes,

Magnesia, of each two drachms.

Rub them well together into a fine powder. Then add of Simple Cinamon-water, two tea-spoonful,

Common water, five table-spoonful.

Dose for children, a tea-spoonful, every two hours.*

ANODYNES.

As laudanum is extremely prejudicial to children,† it ought never to be prescribed to them except under very peculiar circumstances. Instead of its internal use, a little of it should be rubbed on the back-bone; or the same effects may be produced by rubbing on that part a tea-spoonful of anodyne balsam.

TINCTURE OF HYOSCIAMUS.—Dose for children, from ten to thirty drops.

ASTRINGENTS.

For External Use.

SOLUTIONS OF SUGAR OF LEAD—are of different degrees of strength. The weak solution consists of two grains, and

* This mixture should be kept in a phial in a cool place, and the glass ought to be well shaken up every time it is used.

† The author has been consulted in two cases where four drops proved fatal to children some months old.

the strong one of ten grains to an ounce. One part of distilled vinegar to three parts of water, add greatly to the strength.

WEAK ASTRINGENT LOTION.—Dissolve half a drachm of White Vitriol in a pint of spring water.

STRONG ASTRINGENT LOTION.—Dissolve two drachms of Common Alum in one pint of spring water.

CARMINATIVES.

ANISE SUGAR.—Dose for children, six or eight grains.

ESSENCE OF PEPPERMINT.—Dose for infants, half a drop on sugar dissolved in water.

DALBY'S CARMINATIVE.—Dose, from five to twenty drops, mixed with a little sugar and water.

CORDIALS.

BARLEY CINNAMON WATER.—Dose for children, a tea-spoonful diluted in twice as much water.

CORDIAL MIXTURE.—Take of

Aromatic Spirit of Ammonia, half a drachm,

Simple Syrup, an ounce,

Rose-water, three ounces.

Mix them.

Dose, a tea-spoonful every hour while awake.

DIURETICS.

OIL OF JUNIPER —Dose for children, one drop on a little sugar, which may then be mixed with panada.

DULCIFIED SPIRIT OF NITRE.—Dose for children, five drops mixed with a table-spoonful of warm water, every two hours while required.

DRINKS.

ALMOND EMULSION.—Take of

Sweet Almonds, blanched, four ounces,

Refined Sugar, two ounces.

Beat them well in a marble mortar, and then add, by degrees,

Simple Cinnamon Water, three ounces,

Spring Water, a pint and an half.

Dose for children, a table-spoonful occasionally.

IMPERIAL DRINK.—Take of

Cream of Tartar, Refined Sugar, each two drachms,

Outer Rind of Fresh Lemon, one drachm,

Boiling Water, one quart.

After it is cool, strain off the liquor.

Dose for children, a table-spoonful.

Barley Water, Jelly Water, Lemonade, Rice-gruel, Water-gruel, White-wine Whey.

The use of these is well known.

EMETICS.

IPECACUAN (in Powder.)—Dose for children, from three to ten grains, mixed with syrup.

IPECACUAN WINE.—Dose for children, two, three, or more tea-spoonsful, according to the age.

VOMITING MIXTURE.—Take of

Antimonial Wine, one drachm,

Squill Vinegar, two drachms,

Syrup, one ounce,

Spring Water, three ounces.

Mix them.

Dose for children, two tea-spoonsful or a table-spoonful, according to the age.*

* This mixture is particularly useful when children are troubled with cough.

EYE WATERS.

May be formed by dissolving a grain of the Acetite of Lead, or of Zinc, or of the Sulphate of Zinc, or of pure Opium, in an ounce of Rose Water. A weak infusion of Chamomile Flowers, or of Green Tea, sometimes forms a very useful Eye Water.

EMBROCATIONS.

MILD EMBROCATION.—Two or three ounces of the Opiate Electuary, of the Edinburgh Pharmacopœia, spread upon leather.

STRONG EMBROCATION.—Add to three ounces of the above Opiate Electuary, one drachm of Powdered Camphor, half a drachm of Powdered Cantharides, and forty drops of Amber Oil.

LAXATIVES.

CALOMEL.—Dose for children, from one to five or six grains, according to the age, mixed with sugar, or any thing but drinks.

CASTOR OIL.—The *cold drawn* Castor Oil should alone be given to infants or children.—Dose, from one to three tea-spoonsful.

JALAP.—Dose, from five to fifteen grains. This may be mixed with any common drink, or it may be given in the form of a Gingerbread Nut.

LAXATIVE POWDERS—may be formed of Jalap and Calomel, of Calomel and Gamboge, of Calomel and James's Powder, and of Calomel and Aloes, or of Rhubarb and Jalap, according to the urgency or circumstances of the case.

LAXATIVE SALTS.—Brazil Salts, Cheltenham Salts, Phosphate of Soda, and Polychryst Salts, are the chief saline purgatives given to children.

MAGNESIA.—Dose for children, a tea-spoonful in the morning, mixed in a saline draught.

MANNA.—Half an ounce, to be dissolved in three table-spoonsful of boiling water.—Dose for infants, three or four tea-spoonsful every hour till it operate.

INFUSION OF RHUBARB.—Take of

Turkey Rhubarb in rough powder, one drachm,

Refined Sugar, a drachm and a half,

Salt of Tartar, (Carbonate of Potass,) five grains,

Boiling Water, two ounces.

After six hours strain off the liquor, and add of Simple Cinnamon Water, a table-spoonful.

Dose for children, two tea-spoonsful, or a table-spoonful in the morning, according to the age.

LAVEMENS.*

For Children.

EMOLLIENT LAVEMENT.—Take of

Common Salt, a tea-spoonful,

Fine Olive Oil, a table-spoonful,

Warm Water, from three to six ounces.

Mix them.

LAXATIVE LAVEMENT.—Take of

Phosphorated Soda, two drachms,

Boiling Water, four ounces.

Add, when nearly cool,

Castor Oil, a table spoonful.

Mix them.

ANODYNE LAVEMENT.—Take of

Laudanum, from five to twenty drops, (according to the age).

Beef-tea, half a small tea-cupful.

Mix them.

* LAVEMENT in the whole of this Work has been used for the English word GLYSTER.

RESTRINGENT LAVEMENT.—Take of

Laudanum, the same quantity as in the preceding receipt,

Rice Gruel or thin starch, half a small tea-cupful.

Mix them.

CAMPHOR LAVEMENT.—Take of Camphor, from ten grains to one scruple, of Alcohol ten drops, of Refined Sugar half an ounce, and of Common Magnesia half a drachm; reduce these to a very fine powder, and then add very gradually two table-spoonsful of boiling water, and as much mucilage of Gum Arabic.

LINIMENT.

FOR SCALDS AND BURNS.—Take of

Litharge,

Vinegar, each two drachms,

Olive Oil, six drachms.

To be made into a liniment, by adding the vinegar and oil alternately in small quantities to the powdered litharge, and rubbing the whole together till the liniment be of a pale flesh colour, and of the consistence of cream.

POWDER for Scalds and Burns.—Take thirty grains of Camphor and reduce it to powder by means of Alcohol, then add one ounce of Prepared Chalk, let them be carefully rubbed together in a glass or Wedgwood's ware mortar, till they form an impalpable powder.

LOTIONS FOR CUTANEOUS AFFECTIONS.

MILD LOTION.—Dissolve half an ounce of the Carbonate of Potass in an English pint of Spring Water.

ANOTHER MILD LOTION.—Mix one part of the Solution of the Acetite of Ammonia with six parts of distilled water.

MORE POWERFUL LOTIONS—May be formed by any of the ordinary Metallic Solutions, or by Lime Water.

REFRIGERANTS.

ACIDULATED DRINKS.

RIPE ACESCENT FRUITS.

NITROUS MIXTURE.—Take of

Nitre, one drachm,

Refined sugar, two drachms,

Distilled Vinegar, a table-spoonful,

Spring Water, six ounces and a half.

Mix them.

Dose for children, one or two tea-spoonsful, when necessary.

STRENGTHENING MEDICINES.

The ordinary preparations of Bark and of Myrrh.

SUGAR OF STEEL.—Sold in Edinburgh by the Confectioners, under the title of Steel Carvy.—Dose for children, a tea-spoonful once a day.

WINE OF STEEL.—Dose, from five to twenty drops twice a day.

Edinburgh, 6th November 1809.

An Account of some Cases of Small-Pox Inoculation after Vaccination, by JAMES BRYCE.

AS Surgeon to the Orphan Hospital, it is my duty to examine into the state of health of the children at the time of their admission into that Institution.

At this examination, I make it a rule to inquire, whether the children have passed through the cow-pox or the small-pox, in order that those who have not done so, may be vaccinated as soon afterwards as possible. At Whitsunday 1808, Peter Wood, aged nine years, was sent from Fife, under the charge of a carrier, to be admitted into the hospital. He came to Edinburgh, to the care of the gentleman who had presented his petition to the managers for admission, and was sent by him directly to the hospital, among the last of those who were admitted that season. From his not having been examined at my house as is usual, and from there being no person who could give any account whether or not he had passed through the small-pox or the cow-pox, he was not marked in my list among those to be vaccinated. In the beginning of October 1809, this boy was seized with the natural small-pox in the hospital, and had a very full burthen of the distinct kind, which ran their course with perfect regularity. With virus taken from the pustules on this child, on the fifth day of the eruption, I inoculated the following children in the hospital, who had all been vaccinated at former periods, viz.

Alexander M'Lean, vaccinated by myself in August 1801, *i. e.* upwards of eight years ago.

Catherine Chalmers, vaccinated at the Dispensary here, seven and a half years ago.

Eliza Goldie, vaccinated by Mr Ritchie, seven and a half years ago.

N. L. Tait, vaccinated at the Dispensary, seven and a half years ago.

James M'Kenzie, vaccinated at the Dispensary, seven and a half years ago.

Sarah Yates, vaccinated by Dr Wardrope, seven and a half years ago.

Margaret Cairns, vaccinated in Galloway, six years ago.

John Liddell, vaccinated at the Dispensary, five and a half years ago.

John Moffat, vaccinated by Mr Kilgour, five years ago.

William Paterson, vaccinated by Mr Stewart, five years ago.

Jean Aitcheson, vaccinated at the Dispensary, four years ago.

James Douglas, vaccinated by Mr Richardson, four years ago.

Jean Tyrie, vaccinated by _____ four years ago.

Jean M'Reddie, vaccinated by Mr Liddel, time uncertain.

Helen Cook, vaccinated in the hospital, three years ago.

William Scott, vaccinated on admission, five months ago.

Lilly Sutor, vaccinated on admission, five months ago.

I shall mention the effects, produced by each of these inoculations, separately.

In M'Lean, who was vaccinated upwards of eight years ago, the punctured part felt hard, and there was a considerable degree of surrounding inflammation on the fourth day from inoculation; on the sixth day, there was a prominent tumor with considerably more surrounding inflammation, but

no pustule. On the eighth day the tumor was less and the inflammation was dying away. On the tenth day from inoculation, the tumor and inflammation were quite gone, and a small hard crust only remained at the part inoculated.

In Catharine Chalmers, vaccinated seven and a half years ago, the punctured part felt hard on the fourth day; on the sixth it was still hard with a little surrounding inflammation, no pustule; on the eighth day the tumor and inflammation were both diminished, and on the tenth day they were nearly gone.

In Eliza Goldie, vaccinated seven and a half years ago, the punctured part felt hard on the fourth day; on the sixth the inoculation was more advanced, and had the appearance of a small irregular pustule; on the eighth it was still farther advanced, and resembled a cow-pox vesicle on the eighth day. On the ninth the appearance was much the same; on the tenth the vesicle was much faded, and evidently drying up, without ever having been attended with any surrounding inflammation. On the eleventh day from inoculation, it was quite dried up, and no symptoms of a constitutional affection were ever observed.

In N. L. Tait, vaccinated seven and a half years ago, there was considerable hardness with surrounding inflammation, and incipient vesication at the punctured part on the fourth day from inoculation. On the sixth day these appearances were less distinct, and on the eighth day they had all disappeared.

In James M'Kenzie, vaccinated seven and a half years ago, there was a small distinct vesicle on the sixth day from inoculation, without any surrounding inflammation. On the eighth day it very much resembled a small cow-pox vesicle of the same age. There was very considerable surrounding redness, but which seemed to be merely in the cuticle, there being no hardness in the skin or cellular membrane underneath as in a properly formed areola. On making a puncture

into the vesicle, the contained fluid was limpid, but in very small quantity, being scarcely sufficient for performing one inoculation. On the tenth day, the redness was quite gone, and the vesicle was drying up; and on the eleventh it was quite dried. No constitutional symptom was observed during the whole course of the affection.

In Sarah Yates, vaccinated seven and a half years ago, there was a small acuminate pustule on the sixth and eighth days, with a slight surrounding inflammation on the eighth. On the tenth these appearances were much faded, and on the eleventh they had quite disappeared.

In Margaret Cairns, vaccinated six years ago, there was a small vesicle on the sixth day, on the eighth, ninth and tenth, it had much the appearance of a small cow-pox vesicle, and there was a very considerable degree of redness, to the extent of nearly a half-crown piece around it, but this seemed merely in the cuticle, as there was not perceived the least hardness in the skin or cellular membrane under it. On the tenth day these appearances were fading, on the eleventh they were greatly gone, and on the twelfth day from inoculation they had entirely disappeared, without having produced the smallest symptom of constitutional excitement.

In John Liddell, vaccinated five and a half years ago, there was a small distinct pustule on the sixth day, without any surrounding inflammation; on the eighth, the pustule was dying away, and on the tenth it was formed into a crust.

In John Moffat, vaccinated five years ago, there was hardness at the spot punctured, and a little surrounding redness on the fourth day; on the sixth day there was an acuminate tumor, about the size of a small pea, at the part punctured, with a considerable degree of surrounding inflammation. On the eighth day the affection was evidently on the decline, and on the tenth all these appearances were gone.

In William Paterson, vaccinated five years ago, there was a small pustule with considerable surrounding redness, but no

hardness on the sixth day ; on the eighth day the redness was fading, and the pustule drying ; and on the tenth these appearances were quite gone.

In Jean Aitcheson, vaccinated four years ago, there was a hard and prominent tumor at the punctured part on the sixth day ; on the eighth, a distinct pustule with a little surrounding inflammation ; on the tenth the pustule was drying, and the inflammation fading ; and on the twelfth these appearances were quite gone.

In James Douglas, vaccinated four years ago, the part was considerably inflamed, and beginning to vesicate on the fourth day ; on the sixth and seventh days, the affection resembled a small phlegmon, with a hard and inflamed base ; on the eighth it was evidently on the decline ; and on the tenth the part was covered with an irregular dark coloured crust ; no symptom of constitutional excitement was observed.

In Jean Tyrie, vaccinated four years ago, the punctured part was hard and prominent on the sixth day ; on the eighth, the hardness and swelling were diminished ; and on the tenth were nearly gone.

In Jean M'Reddie, time of vaccination uncertain, the punctured part was hard and prominent on the sixth day ; on the eighth there was a small pustule, with a little inflammation, but no hardness around it ; on the tenth day the pustule was still fresh-looking, but the inflammation was gone ; on the eleventh the pustule was drying up ; and on the twelfth day from inoculation, it was quite dried into a crust. No constitutional disorder took place.

In Helen Cook, vaccinated three years ago, the punctured part was red and hard on the fourth day ; on the sixth these appearances were diminished ; and on the eighth a small crust only remained.

In William Scott, vaccinated five months ago, the punctured part was hard and inflamed on the fourth day ; on the sixth

the affection was fading ; and on the eighth it was formed into a small crust.

In Lilly Sutor, vaccinated five months ago, the part was hard and inflamed on the second day ; and there was a distinct pustule, with slight surrounding inflammation on the fourth day ; on the sixth day the affection was on the decline ; and on the eighth day it was formed into a crust.

Many of these children, after being inoculated, were frequently exposed to the natural infection, by going and remaining some time in the same room with the boy labouring under the small-pox. Yet in no instance has the smallest indisposition been observed in any of them, either by myself, by the master, the matron, or any of the attendants in the hospital.

Dr Farquharson, Dr Duncan, Jun. and Mr Gillespie, did me the favour to examine the arms of the children, during the progress of the inoculations, and expressed much satisfaction with the result of the experiment.

Two other children in the hospital, viz. Adam Cochrane, vaccinated by Mr Ritchie in 1801, (that is eight years ago), and Charles Howden, vaccinated by Mr Thomas Wood in 1802, (that is seven years ago), were also at this time fully exposed to the infection of small-pox, by being frequently in the room with Peter Wood, when ill of that disease, and afterwards by playing and being often with him, when convalescent. Yet neither of them have to this time, (28th December 1809) been indisposed, nor showed the slightest symptom of having been infected.

This experiment clearly shows, *first*, That although a greater or less degree of swelling and hardness, or even a distinct pustule with surrounding inflammation, may be produced by inoculation with variolous virus, after perfect vaccination, yet is the constitution incapable of being affected with the small-pox ; *secondly*, That these different effects, from a slight hardness to a distinct pustule with surrounding inflam-

mation, are produced in different persons, from circumstances altogether independent of the period intervening between the time of vaccination, and the insertion of the variolous virus; and *thirdly*, That the power of cow-pox, in protecting the constitution against the small-pox, is as efficacious at the end of eight years, as at the end of five months; and that, during this period at least, the antivariolous power of cow-pox is to be regarded as complete.

